

#### **Exhibitor Agreement**

## Current Advances in Heart & Vascular Care 2025

Saturday, March 1, 2025

Company N	lame:			("Exhibitor")
, ,		appear in the ack	nowledgement)	
		Exhibit Fee	:	
	□ \$3,00	0 per 6-foot tab	le-top Exhibit	
		OR		
	☐ \$6,000 per 6-foot table	e-top Exhibit and	One of the Following Ch	oices:
	☐ Branded Locker Charging	<del>-</del>	_	
		, 0 (0. ( 0 ) )		
	# of Tables Requested	@ \$	each = \$	
Representa	tive Names (only 2 representatives wi	ll be allowed on-site	):	
1)		2)		
Email:		Email:		
Phone:		Phone	:	
Fax:		Fax:		

#### **Terms & Conditions**

All exhibitors are provided with an 8' table and chairs. Set-up begins on Saturday, March 1, 2025, at 6:00 am. If you require additional set-up time, please contact us, and we will assist in any way we can. Exhibitors should expect participants to begin arriving at 7:00 am. Although the exhibit area is secured, vendors are discouraged to leave any valuable items, such as laptops or phones unattended.

Breakdown of exhibits must be completed by 3:00 pm on Saturday, March 1, 2025.

#### **Branded Station Display Information**

In addition to the standard table display, we are now offering a unique & engaging sponsorship that will build buzz for your company. You have the option of a branded hands-free sanitizing station or a branded locker charging station. Custom Branding Stations will consist of a 19-inch LCD screen and dual-speakers for your promotional media. Videos (MP4) or images (PNG) of any size with an aspect ratio of 16:9. Once you are confirmed as an exhibitor, the link to submit images will be sent to the representative(s) listed above. The materials must be received no later than **Friday, February 7, 2025.** 

**Branded Charging and Hand Sanitizer Stations** 

#### **Virtual Display URL**

Please provide us with either a product URL or a virtual meeting link (Zoom, Teams, etc.), which will be hyperlinked to your company's name on the exhibitor acknowledgement page in the handout (PDF version, not the printed version). Please your URL via email to Crystal Mathis at <a href="mailto:vcry@upenn.edu">vcry@upenn.edu</a> no later than **Friday, February 7, 2025**.

**Enter your URL/link below**:

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### **Table-Top Display Information**

Tables will be assigned on a 1st come; 1st serve basis. Continental breakfast and breaks will be set up among the exhibits in the foyer. Each exhibitor can expect to receive one 6' skirted table and 2 chairs. Please be sure your exhibit materials fit within the specs of 6'x6'. If needed, you are welcome to purchase additional booth space.

Exhibitors are responsible for supply, set-up, skirted table. Please let us know what your n		delivery, and any additional costs of display needs beyond the 8' that we can accommodate your display:	
Will you be bringing your own tablecloth?	☐ Yes	□ No	
Will you need electricity for your display?	☐ Yes	□ No	
Will you bring your own extension cord?	☐ Yes	□ No	
What type of equipment is being displayed (I	ights, mach	ines, etc.)?	
How many pieces of equipment need electric	ity?		
Do any machines require any special outlets	for operatio	n? Name outlet type:	
What is the unit of voltage/amps?			
What additional information regarding your e	exhibit shou	ıld we know?	
	breakfast an table and tv	nd breaks will be set up among the exhibits in the foyer. Each wo chairs. Please be sure your exhibit materials fit within the	
	Shippi	ng Information	
(Please labe	el all boxes	with the following information)	
	The Allo	by King of Prussia	
301 West Dekalb Pike Blvd			
	King of F	Prussia, PA 19406	
Attention		christ/Ansheai Spence-Jones	
	484	4-684-1469	
H	HOLD FOR	GRAND BALLROOM	
Current Ac	dvances in	Heart & Vascular Care 2025	
	Saturda	ay, March 1, 2025	
[YOUR CO	OMPANY] •	• [REPRESENTATIVE'S NAME]	
P	ackage #_	of	
Please do not ship any ma	aterials to	the venue before Friday, February 28, 2025	
return simpments must be laber	eu, seaiea	, and left in the exhibition hall for return delivery.	

# Current Advances in Heart & Vascular Care 2025 Saturday, March 1, 2025

Payment Methods (check the one that applies):				
□ Check				
Make your check payable to the <b>Trustees of the University of Pennsylvania/CME</b> and return it with the completed exhibit agreement to the address below (Our Tax ID number is 23-1352685):				
Crystal Mathis Academic Programs Perelman School of Medicine/CME JMEC, SPE, 6th Floor University of Pennsylvania 3400 Civic Center Blvd, Bldg. 421, Rm. 645 Philadelphia, PA 19104-5162				
☐ Credit Card (DO NOT INCLUDE CREDIT CARD INFORMATION ON THIS FORM)				
If paying by Credit Card, you may fax or email this completed form. Fax: 215-573-3663 or Email: <a href="mailto:ycry@upenn.edu">ycry@upenn.edu</a> You will then be contacted by Crystal Mathis to complete the transaction.				
Contact Person:				
Phone:				
E-Mail:				
Questions: Elizabeth Butler: 215-898-6126 or Crystal Mathis or 215-898-8005  ***A wire transfer is also available for payment***				
Please contact Crystal Mathis at <a href="mailto:ycry@upenn.edu">ycry@upenn.edu</a> for further instructions				
Terms & Conditions  Educational activities in the exhibit area which appear to compete with the scientific program and present research results that are being presented concurrently in the scientific program are prohibited. This includes, but is not limited to, displaying posters or other promotional materials summarizing research results, promoting meeting faculty, or distributing meeting materials such as syllabi, handouts, slides, or invitations.				
The only activities which may be appropriate in exhibits are for the purpose of informing meeting participants about an organization and its products and services.				
The distribution (either for free or for sale) of educational enduring materials on-site that award CME credit, including but not limited to full-text reprints or copies of articles or journal self-study programs, audiotapes, videotapes, or CD ROMs, is prohibited.				
Exhibitor assumes entire responsibility for all claims, losses, costs, expenses, and damages to persons or property, as well as governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof.				
In addition, the Exhibitor does not hold the meeting venue or the University of Pennsylvania responsible for maintaining insurance to cover Exhibitor's property.				
By signing below, you agree to the terms and conditions of this agreement.				

Date

Authorized Exhibitor Representative