



EXHIBITOR AGREEMENT
25th PMDA Annual Symposium
 October 20, 2017
**Exhibit opportunities on Friday, October 20, with optional reception on Thursday, October 19*
Hershey Lodge · Hershey, PA
 (E5967-18-Z)

Company Name: _____
 Headquarters Address: _____
 Headquarters Phone: _____
 Contact Name: _____ Contact Email: _____

Representative(s) Attending Exhibit:

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Exhibit Fees: SPACE IS EXTREMELY LIMITED! Exhibitors will be accepted and assignment of tables will be made based on the order in which completed agreements are received, level selected, and availability of locations.

A. Platinum Level Options (select one)

TOTAL: \$ _____

- \$1800** Friday, October 20 ONLY
- \$2050** Thursday, October 19 evening reception* AND Friday, October 20

Includes the following:

- One (1) 8' display table, or comparable space, on Friday, October 20, in a prime location outside of the educational activity. **No table at reception.*
- Two (2) exhibitor badges for representatives attending the exhibit.
- Badge ribbon designated as "exhibitor."
- Admission to the educational sessions, breaks, and meals**
**No sales activity is permitted inside the educational activity venue. Continuing education credits are not included.
- Special recognition on signage & conference materials.
- Onsite conference attendee list (name, title, organization).

B. Gold Level Options (select one)

TOTAL: \$ _____

\$1300 Friday, October 20 ONLY

\$1550 Thursday, October 19 evening reception* AND Friday, October 20

Includes the following:

One (1) 6' display table, or comparable space, on Saturday, October 21, outside of the educational activity. *No table at reception.

One (1) exhibitor badge for representative attending the exhibit.

Badge ribbon designated as "exhibitor."

Admission to the educational sessions, breaks, and meals**

****No sales activity is permitted inside the educational activity venue. Continuing education credits are not included.**

Special recognition on signage & conference materials.

Onsite conference attendee list (name, title, organization).

C. I need the following additional services for my display table:

QTY #

_____ Standard (110 volt) electric connection(s) @ \$45.00 \$ _____

_____ T1 (hard wired) Internet @ \$150.00 per connection (up to 1Mbps) \$ _____

_____ Additional representative(s) @ \$75.00 each per day \$ _____

TOTAL EXHIBIT FEES AND SPECIAL SERVICES \$ _____

Deadlines & Cancellation Policies

- A signed Exhibitor Agreement is due by **October 13, 2017**. It may be faxed or mailed to the address above. Exhibitors are considered confirmed when the executed Agreement is received by Penn State Continuing Education.
- Should an exhibitor need to cancel out of an event, please contact Penn State Continuing Education by the close of business **October 13, 2017** via fax or email. Cancellations by this date are subject to a \$50.00 administrative fee. No refund after this date. No-shows and early departures will receive no refund.
- Payment is due in full by **October 20, 2017**.
- Exhibitors at Penn State educational events are expected to abide by the ACCME's Standards for Commercial Support. Product advertisements or promotional materials are prohibited in the CME meeting, and representatives of commercial interests are not allowed to engage in sales activities in the meeting room.

Payment, as applicable, in the amount of \$ _____ **Enclosed** **Will Follow**

Please make checks payable to:

Penn State

Tax ID# 246000376

Please reference in memo: E5967-18-Z

Please send check and this form to:

Attn: Kasha Herbe

Penn State Continuing Education, G220

44 East Granada Ave, room 1108

PO Box 851

Hershey, PA 17033

Penn State Milton S. Hershey Medical Center • Penn State College of Medicine

Continuing Education, Mailing address: Mail Code G220, P.O. Box 851, Hershey, PA 17033-0851

Shipping address: Room 1108, Mail Code G220, Hershey Consolidated Building, 44 East Granada Avenue, Hershey, PA 17033

Tel: 717-531-6483 • Fax: 717-531-5604

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For Payment by Credit Card:

___ Visa ___ MasterCard ___ AmEx Card # _____

Exp Date: _____ Credit Card CVV# _____

Name as it appears on card: _____

I agree to the above request and I have read, understand, and agree to the above deadlines, cancellation policies, and requirements under the Physician Payments Sunshine Act.

Print Name: _____ Title: _____

Signature: _____ Date: _____

If you have questions, contact: Kasha Herbe
Phone: 717-531-6483 / Email: kherbe@pennstatehealth.psu.edu