Exhibitor Agreement

Neuro-Oncology Symposium Brain Tumors 2020: Best Practices in Patient Care
Friday, October 30, 2020
7:00 am to 3:15 pm
Law Auditorium | Jordan Medical Education Center
Perelman Center for Advanced Medicine
3400 Civic Center Boulevard, Philadelphia, PA 19104

Exhibit support includes: exhibit table October 30th, attendance for 2 people, listings on; digital board, conference sign and syllabus.

Company Name: _______________________________ ("Exhibitor") (as it will appear in printed and digital materials)

Exhibit Fee: $2,000 per table

2 Representative Names (included in exhibit fee, additional company staff must register and pay separately):

1) _______________________________ 2) _______________________________
Email: _______________________________ Email: _______________________________
Phone: _______________________________ Phone: _______________________________

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 at the meeting 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.

In addition, 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.

_________________________________________  _____________________________
Authorized Exhibitor Representative                 Date

Company Name:__________________________________ (“Exhibitor”)

# of Tables Requested__________ = $__________________ (Total Amount to be Paid)

Our Tax ID number is 23-1352685

For electronic payment, email Lorraine Gordon for payment information
Lorriane.Gordon@pennmedicine.upenn.edu

If paying by check please make payable to: Trustees of the University of Pennsylvania
Mail to:
Barbara Lopez
Associate Director, Education and Outreach
Abramson Cancer Center of the University of Pennsylvania
3930 Chestnut Street – 5th Floor
Philadelphia, PA 19104

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Meeting Location & Display Details

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Philadelphia, PA 19104

When you arrive a sign with the name of your organization will be displayed on your table. Continental breakfast and breaks will be set-up among the exhibits. Each exhibitor can expect to receive one 6’ skirted table and 2 chairs. Please be sure your exhibit materials fit within the space. If needed, you are welcome to purchase additional booth space.
Exhibit Hours: 7:00 am – 3:15 pm

Set-up begins at 6:30 am. Exhibitors should expect participants to begin arriving at 7:00 am, registration begins at 7:00 am. The exhibition area will not be secured. Vendors are discouraged from leaving valuable items, such as laptops or phones unattended.

Break-down of exhibits must be completed by end of conference.

Display Information
Exhibitors are responsible for supplies, set-up, take-down, delivery, and any additional costs of display needs beyond the 8’ skirted table.

The cost of display requires security during conference off-hours? □ Yes □ No

Will you need electricity for your display? □ Yes □ No

What type of equipment is being displayed (lights, machines, etc.)? _____________________________

How many pieces of equipment need electricity? _____________________________

Will you supply your own extension cords? (We recommend you supply your own) □ Yes □ No

Do any machines require any special outlets for operation? Name outlet type: _____________________