Exhibitor Agreement

Neuro-Oncology Symposium Brain Tumors 2019: Best Practices in Patient Care a CME/CNE CERTIFIED ACTIVITY
Friday, June 7, 2019
7:00 am to 3:15 pm
Jordan Medical Education Center
3400 Civic Center Blvd, Philadelphia, PA 19104

Company Name: __________________________________________ (“Exhibitor”)
(As it will appear in syllabus and signage listing)

Exhibit Fee: $2,000

# of Tables Requested___ x $2,000 = $___________

Representative Names (only 2 representatives per table):

1) ________________________________ 2) ________________________________
Email: ________________________________ Email: ________________________________
Phone: ________________________________ Phone: ________________________________
Fax: ________________________________ Fax: ________________________________

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, 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")

Our Tax ID number is 23-1352685

If paying by check please make payable to: Trustees of the University of Pennsylvania
Mail to:
Melissa Messinger
Event and Education Coordinator
Abramson Cancer Center of the University of Pennsylvania
3600 Civic Center Boulevard,
5th floor- suite 500
Philadelphia, PA 19104
Tel-215-662-7328
Melissa.Messinger@pennmedicine.upenn.edu

Meeting Location & Display Details

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 to 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: ____________________________