



**Exhibitor Contract for *PATHOLOGY INFORMATICS 2012***

Course Name:	<b>Pathology Informatics 2012</b>
Course Date:	<b>October 9-12, 2012</b>
Location:	<b>Hyatt Regency Chicago, 151 East Wacker Drive, Chicago, Illinois 60601</b>
Course Director:	<b>Michael J. Becich, MD, PhD &amp; Bruce A. Friedman, MD</b>
Course Director's phone number	<b>Course Director: Bruce A. Friedman, MD (734) 717-8278 Administrative Contact: Barbara Karnbauer (412) 648-9184</b>
CCEHS Course #:	
Exhibit Costs	<b>\$15,000 Platinum Level \$ 9,000 Gold Level \$ 6,000 Silver Level</b>

This Terms and Conditions Exhibitor Contract / Application is entered into as of this date, \_\_\_\_\_, between the UPMC / SOHS, University of Pittsburgh, Department of Biomedical Informatics and \_\_\_\_\_ for the purpose of exhibiting at the Pathology Informatics 2012 Conference on October 9-12, 2012 at the Hyatt Regency Chicago, Chicago, Illinois. This form is not for use in the provision of a grant.

**(Please Type or Print Legibly)**

\*AUTHORITY COMPANY (Third Party Agencies excluded)

Company Name:		
Headquarters' Address:		
City:	State:	ZIP:
Telephone Number:	Fax Number:	
E-mail Address:		
Web Address:		

\*CONTACT INFORMATION

Company Name:	Division:
Local Contact Representative:	
District Manager:	
Division Address:	
City:	State: ZIP:
Telephone Number:	Fax Number:
Cell Phone Number:	
E-mail Address:	
Web Address:	

**\*Only applications completed in entirety are considered for approval.**

AMOUNT OF EXHIBIT SPACE

**(check one)**

- One table top for \$15,000 (Platinum Level)
- One table top for \$9,000 (Gold Level)
- One table top for \$6,000 (Silver Level)

**Exhibit fee is required to accompany this contract / application.**

**METHOD OF PAYMENT**

Personal checks, company checks, and credit cards are acceptable forms of payment of the exhibit fee.

Checks

Make payable to: **“University of Pittsburgh”**

Mail to: Barbara Karnbauer  
University of Pittsburgh  
Department of Biomedical Informatics  
The Offices at Baum, 4<sup>th</sup> Floor  
5607 Baum Boulevard  
Pittsburgh, PA 15206

The tax id number for \_\_\_\_\_ is \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

If your personal or employer check is arriving under separate cover, you may send or fax in your completed contract/application form now, but you must complete the Credit Card Payments section below with valid credit card information in order to hold your reservation. If the check payment is not received by four weeks post course, we will charge the fee to the credit card number provided.

Credit Card Payments

Visa                       MasterCard                       American Express

Credit Card No. \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_

Signature \_\_\_\_\_

Enclosed payment amount \$ \_\_\_\_\_

The CCEHS reserves the right to refuse any applications based on the Terms and Conditions and Exhibitor Policy.

FINAL CONTRACT

The Company must complete, sign, and return this application to the CCEHS. The CCEHS will review and either approve or decline the application. Until accepted by CCEHS, this contract shall constitute only an application to exhibit by Company. The CCEHS acceptance of Company’s this application to exhibit shall be evidenced by its signature below, at which time this contract shall become binding. The signed copy of the contract will be faxed to Company along with the CCEHS Exhibitor Information form.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Company Representative’s Signature

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Authorized CCEHS Signature

**Return the Contract by PDF, fax or mail by September 15 , 2012.**

E-mail: [bjk37@pitt.edu](mailto:bjk37@pitt.edu)

Fax:  
**(412) 648-9194**

Mail:  
**Barbara Karnbauer  
University of Pittsburgh  
Department of Biomedical Informatics  
The Offices at Baum, 4<sup>th</sup> Floor  
5607 Baum Boulevard  
Pittsburgh, PA 15206**

<b>FOR USE BY CCEHS ONLY</b>
Application receipt date _____
Payment receipt date _____
<input type="checkbox"/> Accepted
<input type="checkbox"/> Declined

**NOTE: Invoice is attached for those companies requesting this for processing.**



## Center for Continuing Education in the Health Sciences

### Terms and Conditions for Exhibitors

These documents, herein termed the Terms and Conditions and Contract for Exhibitors, are in support of the Center for Continuing Education in the Health Sciences (CCEHS) Industry Exhibitor Policy which supports the UPMC / University of Pittsburgh Schools of the Health Sciences Industry Relationship policy, <http://www.coi.pitt.edu/IndustryRelationships/index.htm>. The decision to solicit industry support in the form of exhibits for continuing education (CE) activities is the decision of the SOHS and the UPMC. Exhibiting at CE activities sponsored by these organizations requires pre-approval of the CCEHS.

#### Exhibitor Responsibilities

1. Complete and return the Exhibitor Contract with payment for the displaying opportunity to the UPMC / SOHS sponsoring department.
2. Exhibitors must set-up and tear-down their displays during the approved dates and times and following the directions set by the conference staff and the venue management.
3. Exhibitors may provide informational materials to conference attendees at the educational event.
4. Exhibitors may dialogue with conference attendees during the designated exhibit hall times and during meal breaks. Exhibitors may not distribute gifts of any kind (e.g. pens, note pads, golf balls, gift baskets, etc.).
  - a. Exhibitors must be open to interacting with all activity attendees without preference.
  - b. Exhibitors are restricted from discussing promotional matters to activity attendees or course faculty within the educational setting.
5. Exhibitors are restricted from congregating near the meeting room where the educational activity occurs.
6. Exhibitors must check-in with the conference staff at the activity registration table.
7. Each exhibiting representative must obtain and wear a conference name badge identifying the individual as an exhibitor.

CCEHS reserves the right to re-locate and adjust the exhibit hall or to restrict or adjust the permissions. Company representatives in violation of the contract and or Terms and Conditions are subject to eviction from the conference and exhibit hall with forfeiture of the exhibit fee. The CCEHS reserves the right to cancel this conference and will refund exhibit fees in their entirety.

The UPMC/SOHS sponsoring department will return via fax, mail or email the approved agreement. UPMC/SOHS reserves the right to deny exhibiting opportunities based on the needs of the educational activity or in support of certain institutional policies.