



AGREEMENT FOR EXHIBITS

Temple Health Office of Continuing Medical Education is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the Temple Health Office of Continuing Medical Education has outlined in this written agreement the terms, conditions and purposes of exhibits in conjunction with CME activities.

Title of CME Activity:	<u>Highlights of the 2020 San Antonio Breast Cancer Symposium Meeting</u>
Activity Location:	Virtual Zoom Meeting
Activity Date:	January 14, 2021
Fox Chase/Temple Health Office of Continuing Medical Education (Institute for Cancer Research Federal Tax ID # 23-6296135)	
Exhibitor:	_____
(Please type or print legibly)	
Address:	_____
City, State, Zip:	_____
Contact Person:	_____
Telephone:	_____
FAX:	_____
E-mail:	_____
Exhibit Fee:	\$ 1,750

Exhibitor - Benefits:

3D Exhibit booth in virtual exhibit hall open before, during, and after the meeting; logo featured on Exhibit Hall website; company name prominently featured in program materials; company name verbally acknowledged during the conference; access to welcome reception with program faculty in a virtual location separate from the educational meeting place; program registrations for 2 company representatives.

TERMS, CONDITIONS AND PURPOSES

Independence

1. The activity is for scientific and educational purposes only and will not promote a specific proprietary business interest of the Exhibitor.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME activity, selection of educational methods and the evaluation of the activity.

Resolution of Personal Conflicts of Interest

3. Everyone in a position to control the content of an educational activity must disclose all relevant financial relationships with commercial interests.
4. The Accredited Provider has a mechanism in place to identify and resolve conflicts of interest prior to the CME activity.

Appropriate Use of Commercial Support

5. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Exhibitor.
6. The Exhibitor will not require the Accredited Provider to accept advice or services concerning teachers, authors, participants, educational content or other educational matters as conditions of receiving this grant.
7. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the Physician Coordinator of the activity, planning committee members, teachers or authors, joint sponsor or any others involved with the supported activity.

8. The Accredited Provider will upon request furnish to the Exhibitor documentation detailing the receipt and expenditure of the commercial support.
9. Exhibitor understands and agrees to follow the policies and procedures of the ACCME Standards for Commercial Support of Continuing Medical Education.

Appropriate Management of Associated Commercial Promotion

10. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not permitted. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. Exhibitor may not engage in sales or promotional activities while in the space or place of the CME activity.
11. The Exhibitor may not be the agent providing the CME activity to the learners.

Content and Format without Commercial Bias

12. Presentations will promote improvements or quality in healthcare and will give a balanced view of therapeutic options.

Disclosure

13. The Accredited Provider will ensure that the source of support from the Exhibitor, either direct or in-kind, is disclosed to the participants prior to the beginning of the educational activity. This disclosure will not include the use of a trade name or a product-group message.
14. Exhibitor agrees that it is its understanding and intent that this arrangement complies with applicable federal and state laws and regulations, including the Stark Law and the federal Anti-Kickback Statute. Nothing contained in this application shall be construed in any manner as requiring Temple University Health System, or its affiliates or subsidiaries to cause any of its their respective employees, officers, directors, representatives, or affiliates to purchase any product from, exclusively use, or otherwise refer any business to Exhibitor. Exhibitor further agrees that this application does not involve or cause the promotion of a business arrangement that violates federal or state law.

Liability

13. Exhibitor is responsible for the safeguarding of all property used in its exhibit. Neither Temple University Health System nor its affiliates or subsidiaries will be responsible for any loss or injury whatsoever to any exhibitor’s property. The Exhibitor shall assume all liability for any damage to the facility by reason of its exhibit or personnel and shall indemnify Temple University Health System and its affiliates and subsidiaries for any and all liability.

Conflict

14. In the event of any conflict between the terms of this Exhibitor Application and any other Agreement with respect to this Exhibit, the terms of this Exhibitor Application shall govern.

AGREED

The Exhibitor and the Temple Health Office of Continuing Medical Education agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education*.

Exhibitor Representative _____
(Please type or print legibly.)

Signature _____ **Date** _____

Institution for Cancer Research Representative _____
(Please type or print legibly.)

Signature _____ **Date** _____

<p>AGREEMENT</p> <p>Please forward the completed agreement to:</p> <p><i>Institute for Cancer Research c/o Lucía Tono-Ramírez 333 Cottman Avenue, Suite C218 Philadelphia, PA 19111</i></p> <p>Phone: 215-728- 3797 Fax: 215-728-3956 lucia.tono-ramirez@tuhs.temple.edu</p>	<p>PAYMENT</p> <p>Please check payable to the Institute for Cancer Research (Federal Tax ID # 23-6296135) and forward to:</p> <p><i>Fox Chase Cancer Center Attn: Lisa Bailey, Institutional Advancement 333 Cottman Avenue Philadelphia, PA 19111</i></p> <p>Payments by credit card are accepted – please contact Pat Simpson at Patricia.Simpson@fcc.edu or call 215.728.4740.</p>
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