



**Current Concepts in Sleep 2018  
Exhibitor Registration Form**

**August 24-25, 2018 ♦ Hilton Resort & Spa ♦ Clearwater Beach, FL**

Company Name (as it is to appear on printed material)			
Contact Person (individual to whom all exhibitor information will be forwarded)			Title
Address			
City		State	Zip
Telephone	Fax	Email	
Special Requests/Considerations:			
<b>Name of ALL company representatives attending:</b> (Note: representatives wishing to participate in the educational program to receive credits should register using the conference registration form in the brochure)			
Name	Title	Address	Phone
Will your company be shipping material to the Hilton Resort and Spa? <input type="radio"/> <b>No</b> <input type="radio"/> <b>Yes:</b> Number of Packages_____ Please follow shipping instructions in the exhibitor prospectus. If your company is unable to send representatives to the conference, we will display material for you at the registration table. Will you ship material for display in your absence? <input type="radio"/> <b>No</b> <input type="radio"/> <b>Yes:</b> Number of packages_____			
Check all that apply:			
<b>Exhibit Space Rental</b>		<b>Support Opportunities</b>	
<input type="radio"/> Tabletop Display (Early by 8/1/ 2018)	\$1000	<input type="radio"/> Platinum Support	\$4000.00
<input type="radio"/> Tabletop Display (Late: after 8/1/2018)	\$1200	<input type="radio"/> Gold Support	\$3000.00
<input type="radio"/> 5 <sup>th</sup> Company Representative	\$50	<input type="radio"/> Silver Support	\$2500.00
<input type="radio"/> 6 <sup>th</sup> Company Representative	\$75	<input type="radio"/> Bronze Support	\$1500.00
		<input type="radio"/> Meeting Support	\$1000.00
<b>Method of Payment:</b> <input type="radio"/> Check <input type="radio"/> Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> Discover			
Card Number: _____ CCV: _____ Expiration Date: ___/___/____ TOTAL \$ _____			
Name on Card: _____ Signature: _____			
<b>Note: There is a \$5 service charge when using a credit card for payment</b>			
<b>Signature below indicates agreement with the accompanying Exhibit &amp; Support Prospectus and compliance with Letter of Agreement.</b>			
_____ Authorized Signature	_____ Print Name	_____ Date	

**Send Payment and Contract for Exhibit Space to:**

Marietta Bibbs, BA, RPSGT, CCSH  
Morton Plant Mease Health Care  
1840 Mease Drive, Suite 120 – Safety Harbor, FL 34695

Phone: 727-725-6455 ♦ Fax: 727-725-6452

**LETTER OF AGREEMENT**

Regarding Terms, Conditions and Purposes of an Educational Grant between Morton Plant Mease Healthcare and

\_\_\_\_\_

Title of CME Activity: **Current Concepts in Sleep 2018**  
Location and date(s): **Hilton Resort and Spa – August 24-25, 2018**

The above company wishes to provide support for the named continuing medical education activity by means of a grant of to reimburse expenses in the amount of \$ \_\_\_\_\_

To include (check all that applies): • Speaker Honorarium • Food • Exhibitor • Other, please specify \_\_\_\_\_

**CONDITIONS**

1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. Control of Content and Selection of Presenters and Moderators: Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible), and will provide this information in writing. Sponsor will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. Disclosure of Financial Relationships: Sponsor will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. Involvement in Content: There will be no "scripting," emphasis or influence on content by the company or its agents.
5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. Objectivity and Balance: Sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. Limitations of Data: Sponsor will ensure, to the extent possible, disclosure of limitations of data (e.g., ongoing research, interim analyses, preliminary data or unsupported opinion).
8. Discussion of Unapproved Uses: Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: Sponsor will ensure opportunities for questioning or scientific debate.
10. Independence of Sponsor in the use of Contributed Funds:
  - a. Funds should be in the form of an educational grant made payable to Morton Plant Mease Healthcare. The Tax ID number is 59-2374556.
  - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of Morton Plant Mease Health Care.
  - c. No other funds from the commercial company will be paid to the program director, faculty or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education (appended).

The Accredited Sponsor agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in program brochures, syllabi and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

**AGREED**

Commercial Company Representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Paul Lewis, MD, Director of Medical Education