



Letter of Agreement for Exhibitors/Vendors/Supporters

Title of Activity: Location: Date: / /

Name of Exhibiting Organization:

Contact Person(s)/Representative(s):

Contact Person(s)/Representative(s) at the Symposium (if different from above):

Address: City: State: Zip:

Phone/Cell: E-mail:

The above organization wishes to:

Reserve Display space on (dates) at the sponsorship level indicated below:

: \$
: \$
: \$
: \$

- Sioux Falls Region: Tax ID#
• Fargo Region: Tax ID#
• Bemidji Region: Tax ID#
• Bismarck Region: Tax ID#

NOTE: Please specify on the payment which event you are supporting.

In Kind (non-monetary) Support

NOTE: Provide a description of item(s) being provided for this CME Activity below:

Continued on next page

Please indicate any special considerations you may have for your exhibit (e.g. electricity):

Does your company sell pharmaceuticals, biologicals or devices?

YES

NO

If YES, please indicate how much and under what category you will be reporting as an Open Payment under the Sunshine Act compliance (example: \$500 for exhibit booth rental):

Payment Information - Select your payment method and follow the corresponding instructions.

**Payment Method:**

**Instructions:**

Visa or  
MasterCard  
(Preferred)

1. Submit payment on-line via Sanford Success Center (link below)

**Success Center link:**

2. Send agreement to:

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**FARGO ONLY:**

1. Contact Jessica Buzick at 701-417- 4870 or [Jessica.buzick@sanfordhealth.org](mailto:Jessica.buzick@sanfordhealth.org)

Discover or  
American Express

2. Send agreement to:

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**Check**

1. Make checks payable to Sanford.
2. Specify on check/invoice which event you are supporting.
3. Send check **AND** a copy of the agreement to:

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## Terms, Conditions and Purposes

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Exhibitor(s).
2. Sanford Health is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of education methods, and the evaluation of the activity.
3. Ensure disclosure to the audience of commercial support in the program, brochures, etc.
4. Ensure disclosure to the audience of any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company
5. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with presentations, nor can they be a condition of the provision of support for CME activities.
6. No commercial promotional materials or messages will be displayed or distributed in the same room immediately before, during or immediately after the educational activity.
7. Representatives of the exhibiting organization may not engage in sales or promotional activities while in the room where the educational activity takes place.
8. Sanford Health will make all decisions regarding the disposition and disbursement of exhibit/display fees.
9. Sanford Health and the Exhibiting Organization agree to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

## Agreed by Authorized Representatives (Vendor)

Signature, Title & Date \_\_\_\_\_

Electronic signature option: **Signature/Name:** \_\_\_\_\_ **Date:**     /     /

*If sending this completed form electronically, please type your name above and check the box below:*

**By checking this box, I attest that the completed information is accurate. Please accept this as my signature.**

## Accredited Provider (Sanford)

Signature, Title & Date \_\_\_\_\_

Electronic signature option: **Signature/Name:** \_\_\_\_\_ **Date:**     /     /

*If sending this completed form electronically, please type your name above and check the box below:*

**By checking this box, I attest that the completed information is accurate. Please accept this as my signature.**

