

**COMMERCIAL EXHIBITOR
APPLICATION AND LETTER OF AGREEMENT**

Regarding the Terms and Conditions for a Commercial Exhibit or Advertisement

Activity Title: **2024 Grand Canyon Regional Ophthalmology Meeting**

Location: High Country Conference Center, Flagstaff, AZ

Date(s): From: **May 17, 2024** To: **May 19, 2024**

Between: **Arizona Ophthalmological Society**, 2401 W. Peoria Ave., Suite 315, Phoenix, AZ 85029
(JOINT PROVIDER)

and

(Company Name) (COMMERCIAL EXHIBITOR)

(Contact Name and telephone number)

(Address)

(Contact email address)

COMMERCIAL EXHIBITOR wishes to exhibit at the above Activity for the amount of

Bronze Level \$1,500 ____

Sapphire Level \$10,000 ____

Silver Level \$2,500 ____

Diamond Level \$25,000 ____

Gold Level \$5,000 ____

Representative(s) Attending: _____

Product or service to be displayed: _____

Market competitors we would prefer not to exhibit by: _____

CONDITIONS OF EXHIBITION

Statement of Purpose: The Activity is for scientific and education purposes only and the educational content therein will not promote the products of COMMERCIAL EXHIBITOR, directly or indirectly.

Disclosure of Financial Relationships: JOINT PROVIDER will ensure disclosure to Activity participants of COMMERCIAL EXHIBITOR'S funding and any relationship between faculty and COMMERCIAL EXHIBITOR.

Location of Exhibit: Exhibit(s) shall be in a location of JOINT PROVIDER'S choosing and must be kept separate from the Activity. The juxtaposition of educational and advertising material on the same products or subjects is not allowed. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after the Activity. COMMERCIAL EXHIBITOR may not engage in sales or promotional activities while in the space or place of the Activity.

Attendance at Activity: Representatives of COMMERCIAL EXHIBITOR may attend the Activity on a space available basis, as determined by JOINT PROVIDER.

Payment: Funds must be payable to JOINT PROVIDER, which has the following Tax ID: **#86-0418847**

COMMERCIAL EXHIBITOR will not make payments directly to individuals associated with the Activity.

The parties agree to abide by all requirements of the ACCME Standards for Commercial Support (available at <http://www.accme.org/>).

The parties agree to be bound by applicable state and federal rules governing equal employment opportunity, nondiscrimination and immigration.

The parties agree that should a dispute arise between them concerning this Agreement and no party seeks affirmative relief other than money damages in the amount of Fifty Thousand Dollars (\$50,000) or less, exclusive of interest, costs and attorneys' fees, the parties shall submit the matter to arbitration pursuant to the Revised Uniform Arbitration Act, A.R.S §12-3001 et seq. (the "Act"), whose rules shall govern the interpretation, enforcement, and proceedings pursuant to this section. Except as otherwise provided in the Act, the decision of the arbitrator(s) shall be final and binding upon the parties.

AGREED TO

_____	_____ <u>Arizona Ophthalmological Society</u> _____
Company Name	
_____	_____
Authorized Signer for Exhibitor and Title and Date	Kassie Mueller, CMP, Executive Director
Date	

Please complete and return along with and payment to: Kassie Mueller, CMP, Arizona Ophthalmological Society, 2401 W. Peoria Avenue, Suite 315, Phoenix, AZ 85029. Phone: (602) 347-6901 Fax: (602) 242-6283 email: ophthalmology@azmed.org. **AOS Tax ID #86-0418847**

Payment may be made with check or with a Visa, MasterCard or AMEX

Credit Card Number: _____

Expiration Date: _____ CVC# _____ Name on Card: _____

Billing Address: _____

Email Address for receipt: _____