***Center for Continuing Medical Education***

***600 Ackerman Road, 2nd Floor, Room E2055***

***Columbus, Ohio 43202***

***614-293-3576; 614-293-4180 FAX***



APPLICATION FOR DISPLAYING

AT A CME ACTIVITY

(Instructions: This application is the first step in approving an opportunity for a vendor to display at a CME activity. Vendor agreements will not be considered until this application has been received and reviewed for compliance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support and The Ohio State University Wexner Medical Center Vendor Interaction Policy. Course Director or coordinator enters information to boxes 1, 2, 3, 4, 6, 7, 8, and 11 before sending to company representative. Company representative completes boxes 5, 9, 10 and 12, then signs. The completed application is returned to the Center for Continuing Medical Education.)

|  |  |
| --- | --- |
| 1. NAME OF ACTIVITY OR EVENT: |  |
| 2. DATE (S) OF ACTIVITY |  |
| 3. LOCATION OF ACTIVITY |  |
| 4. COMPANY NAME |  |
| 5. COMPANY REPRESENTATIVE1 |  |
| PHONE |  |
| ADDRESS |  |
| E-MAIL ADDRESS |  |
| 6. DISPLAY AREA/PLATFORM2 |  |
| 7. DISPLAY FEE3 |  |
| 8. SUBMISSION DEADLINE FOR APPLICATION. SPECIFIC DATES FOR DISPLAY OPPORTUNITY |  |

1Person named is responsible for the display and for insuring compliance with terms of display.

2Assigned by activity coordinator at time application is issued to company representative

3Assigned by activity coordinator at time application is issued to company representative

|  |
| --- |
| 9. Describe the contents of your proposed display. Avoid using product names or trademarked descriptions. Include the therapeutic area and/or approved treatment designation when listing products or devices. |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| 10. COMPANY REPRESENTATIVES ATTENDING (registration required) |
| 1. |
| 2. |
| 3. |
| 4. |

|  |  |
| --- | --- |
| 11. PRIVILEGES4 |  |
| Continental Breakfast(s) |  |
| Breaks |  |
| Lunch(es) |  |
| Dinner(s) |  |
| Scientific Session(s) |  |

|  |  |
| --- | --- |
| 12. PERSON COMPLETING APPLICATION | Initial |
| I understand and agree that the opportunity to provide a commercial exhibit is a promotional activity, however sales or promotional activities may not take place within the facility or online presentation specific to the CME Activity. |  |
| I understand and agree that direct sales activity is prohibited. |  |
| I understand and agree that commercial identification may not be worn inside the meeting room; or used within any educational session certified for Category 1 credit. |  |
| I understand and agree that illegal services, products or activities, those not appropriate for a scientific venue, or those espousing philosophies or actions contrary to the mission and ethics of The Ohio State University, or failing to comply with The Ohio State University Medical Center Vendor Interaction Policy are prohibited. |  |
| I understand that as a commercial agent I must defer to the non-commercial participants if space and materials is limited. |  |
| I acknowledge that p**ayment for this display opportunity comes from company resources specifically designated for promotional displays and is not considered commercial support for this CME activity.** |  |

Company Representative Signature Date

***Actual signature or digital signature required***

CCME OFFICE USE ONLY:

Date Received:

Date Accepted:

Date Rejected:

Activity Coordinator:

4Assigned by activity coordinator at time application is issued to company representative

Revised: 5/12/2021