**Dartmouth-Hitchcock**

**AGREEMENT and EXPECTATIONS for INTENTION to EXHIBIT**

**at a CONTINUING EDUCATION ACTIVITY**

**STATEMENT AND OF EDUCATIONAL PURPOSE:** *Dartmouth-Hitchcock (D-H) is committed to providing Continuing Medical Education (CME) and Continuing Nursing Education (CNE) activities that are linked to quality and safety, are effective in improving medical and nursing practice, are based on valid content, and are independent of commercial interests. Our CME and CNE accredited activities are for scientific and educational purposes only and will in no way promote products and services of the commercial interests either in the content or selection of topics.*

**EXHIBITOR:** (Company name)

has agreed to exhibit at a D-H continuing education activity.

**ACTIVITY TITLE:**

**ACTIVITY DATE:**

**EXHIBIT FEE AMOUNT:**

**APPROPRIATE USE:** D-H CME Manager or CNE Director or their designee must make all decisions regarding the disposition and disbursement of an Exhibit Fee. There will be no conditions from Exhibitor(s) attached to provision of an Exhibit Fee for an educational program. Funds should be made payable to the **Mary Hitchcock Memorial Hospital** (Tax ID Number 02-0222140) unless otherwise designated. The terms, conditions, and purpose of an **Exhibit Fee** will be documented in the *D-H Agreement and Expectations for Intention to Exhibit at a Continuing Education Activity* form.

**APPROPRIATE MANAGEMENT:** Arrangements for commercial exhibits or advertisement cannot influence planning or interfere with the presentation, nor can they be a condition for the provision of commercial support for CME/CNE activities.

Product-promotion material or product-specific advertisement of any type is prohibited in or during CME/CNE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from the CME/CNE activity. For **PRINT**: D-H does not permit advertising or product promotion of any sort on print materials for an educational activity. For **COMPUTER BASED:** activities, advertisements and promotional materials will not be visible on the screen of the computer at the same time as the CME/CNE content and not interleafed between computer “windows” or screens of the CME/CNE content. For **AUDIO and VIDEO RECORDING**: advertisements and promotional materials will not be included within the CME/CNE activity. There will be no “commercial breaks.” For **LIVE, FACE-TO-FACE CME/CNE**: advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after an activity. Representatives of commercial interest(s) are not allowed to engage in sales or promotional activities while in the space or place of the educational activity and must follow the directives of the Activity Director and Activity Coordinator managing the site during the activity. Educational materials that are part of a CME/CNE activity, such as slides, abstracts, syllabi and other handouts, cannot contain any advertising, trade name, logo or a product-group message. Commercial interests will not be allowed to act as agents providing a CME/CNE activity to learners, e.g. distribution of self-study CME/CNE activities or arranging for electronic access to CME/CNE activities. Commercial supporters may help in supplemental distribution of promotional materials for CME/CNE activities, e.g. “save-the-date cards” and brochures, provided that they are in compliance with the D-H CME/CNE Office written policy about the role of representatives of commercial supporters in D-H CME/CNE activities in the “D-H Guidelines for a Commercial Supporter Grants and Exhibits Role in CME/CNE Activity.” The terms, conditions, and purpose of an **Exhibit Fee** will be documented in the *D-H Intention to Exhibit at a Continuing Education Activity* form. The selling of advertising or exhibit space is a business transaction entirely separate from the acceptance of commercial support for accredited CME/CNE. Exhibits must be kept distinct from CME/CNE activities by not only their location and time in the program schedule but also in how these events are described and marked as promotional. As of 2010 this separation in the activity marketing materials (including brochures, flyers, email invitations, websites, etc.) there should be no mention of advertisers but rather focus on academic content. The Activity Director should not mention “exhibits” or encourage attendees to “visit exhibits” during breaks or break-out sessions in the activity schedule. Rather, if exhibits will be present, their potential presence should be announced and described in a separate location in the marketing materials and identified as “Optional Promotional Event with Exhibitors.” It should be noted that this optional event is not part of the educational activity. Signage at a live activity to mark the “Promotional Event” should be used. **Exhibit fees must be separate and distinct from educational grants. If a commercial supporter provides a grant and also wishes to exhibit at the activity, they must also pay an exhibit fee.**

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**ARRANGEMENTS and PAYMENT:** Complete numbers 1, 2 and 3 below.

**1. PLEASE PROVIDE THE FOLLOWING COMMUNICATION INFORMATION:**

 Exhibitor to contact for further communication: NAME:

 ADDRESS:

 CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP:

 TELEPHONE: FAX:

 E-MAIL:

**2. PLEASE PROVIDE THE FOLLOWING ATTENDANCE INFORMATION:**

 Exhibitors may place an educational exhibit in the foyer of the activity area and send one company

 representative. The exhibitor will be provided general lighting, one table, and one chair.

 I will be exhibiting [ ]  I need an electric outlet [ ]  I will not be exhibiting [ ]

 Name of Representative who will be exhibiting:

 1.             [ ]  Yes or [ ]  No

 Name as you would like it to appear on nametag. Email Address Attending for Credit

**3. PAYMENT INFORMATION:**

 Amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_

 If paying by check, please make check payable to: **Mary Hitchcock Memorial Hospital** (Tax ID Number 02-0222140).

 If paying by credit card, please complete the following: [ ]  VISA [ ]  MasterCard [ ]  Discover [ ]  AMEX

 Card No. Expiration Date

 Signature CVC Code

**PLEASE RETURN FORM BY (FILL IN DATE) TO**:

*Change information below to your name, address, phone and fax.*

**Judy Langhans**

**Dartmouth-Hitchcock Medical Center**

**One Medical Center Drive, Lebanon, NH 03756-0001**

**E-Mail: Judith.M.Langhans@Hitchcock.ORG**

**Tel: 603-653-6605 Fax: 603-653-6660**

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