

# EXHIBITOR APPLICATION

National Health Care *for the Homeless* Conference & Policy Symposium  
May 31-June 3, 2016 | Portland, Oregon

## INFORMATION

Company Name (as it should appear in program):

Address:

City, State, Zip:

Contact Person Name:

Contact Email:

Contact Phone (for day of event):

**CANCELLATION POLICY** (please check the box to agree to the policy)

- All requests for cancellation must be received in writing. Exhibitors that cancel between the contract date and **May 13, 2016**, will be refunded 75% of their fee. All cancellations after May 13, 2016, are not eligible for a refund.

**ORGANIZATION TYPE** (please choose one)

- For-Profit (\$2,000)  
 Nonprofit (\$1,250)

## PAYMENT

To submit payment, mail your check to the address that follows with **2016EXHIBIT** in the memo line, or pay online at [www.nhchc.org/donate](http://www.nhchc.org/donate) and list **2016EXHIBIT** in the Notes section.

Please choose one:

- My organization is mailing a check to the address below.  
 My organization is paying by credit card.

## ADDITIONAL INSTRUCTIONS

In addition to payment, please submit this form with a high-resolution image of your company's logo to [Michael Durham](#).

Conference registration is waived for one exhibitor representative. By **May 13, 2016**, please send your representative's name (as it should appear on the name badge) to [Michael Durham](#).

## RULES & REGULATIONS

- We agree to abide by all rules and regulations governing the exhibition as printed below (next page) and which are part of this application. Acceptance of this application by NHCHC constitutes a contract.

National Health Care for the Homeless Council  
Attn: Michael Durham  
PO BOX 60427  
Nashville, TN 37206  
Office (615) 226-2292, Fax (615) 226-1656  
[mdurham@nhchc.org](mailto:mdurham@nhchc.org)

**VANDERBILT UNIVERSITY SCHOOL OF MEDICINE**  
**Division of Continuing Medical Education**  
**Agreement to Exhibit at a CME Activity**

Both parties agree to abide by all requirements of the **ACCME's Accreditation Criteria**, the **ACCME Standards for Commercial Support**, and the **Policy on Conflicts of Interest and Interactions between the Health Care Industry and Personnel of the Vanderbilt University Medical Center and its Affiliated Entities**. Specifically:

The Accredited Sponsor will be responsible for the identification, determination, and selection of needs, objectives, content, faculty, educational methods, evaluation, and audience and will ensure that the decisions are made free of the control of the exhibitor.

Exhibits will be allowed off campus only and should be educational in nature.

Educational materials that might be made available to course participants include information about new medical equipment and/or devices, clinical trials investigating drugs relevant to the topic of the course, and scientific efficacy studies. The materials should be free of company logos, if possible. Special effects such as flashing lights and audio enhancements will not be permitted. No promotional activity or advertisements will be permitted in the same room as the educational activity.

The distribution of drug and other samples is not permitted. Personal gifts from health care industry representatives, regardless of the nature or value of the gift, shall not be offered or made available to participants at Vanderbilt-sponsored educational activities; this includes, but is not limited to, pens, notepads, coffee mugs, key chains, and all other marketing items.

One representative per exhibit is encouraged, although there are circumstances when two or more representatives may be required. Marketing/sales representatives are prohibited from attending educational activities sponsored by Vanderbilt University School of Medicine.

Exhibit space at this CME activity has not and will not be given as a condition of commercial support. An exhibit fee is for rental of space and shall be paid to the sponsoring organization, department or division. Fees may be waived for non-profit, non-commercial exhibitors only.

<b>CME Activity Title</b>	<u>National Health Care for the Homeless Conference &amp; Policy Symposium</u>
<b>Date of CME Activity</b>	<u>June 1-3, 2016</u>
<b>Location</b>	<u>Hilton Portland &amp; Executive Tower 921 SW 6th Ave, Portland, OR 97204</u>

**Information about the Exhibitor**

<b>Name of Company/Organization</b>	_____
<b>Exhibit Contact (Print Name)</b>	_____
<b>Mailing Address</b>	_____ _____
<b>Telephone</b>	_____
<b>Email</b>	_____

By signing this form I indicate that I have reviewed and will abide by the terms and conditions of this agreement.

**Signature** \_\_\_\_\_