



**CCAS Annual Meeting**  
**SPPM Annual Meeting**  
**March 14, 2019**  
**Marriott Marquis**  
**Houston, TX**



## EXHIBIT & SPONSORSHIP AGREEMENT

### TARGET AUDIENCE

Indicate core target audience for your company's products and services (*REQUIRED*).

- CCAS – congenital cardiac anesthesia
- SPPM – pediatric pain medicine
- Both CCAS and SPPM

### EXHIBIT SUPPORT LEVEL

Check the box indicating your exhibit level and any advertisement or sponsorship options you want to add under Additional Opportunities.

<input type="checkbox"/> PLATINUM EXHIBITOR	\$10,000
<input type="checkbox"/> TITANIUM EXHIBITOR	\$5,000
<input type="checkbox"/> GOLD EXHIBITOR	\$2,500
<input type="checkbox"/> SILVER EXHIBITOR	\$2,000
<input type="checkbox"/> BRONZE EXHIBITOR	\$1,500
<input type="checkbox"/> EXHIBITOR	\$1,000
<input type="checkbox"/> Extra Name Badge - Enter number of badges:	\$100/person

### ADDITIONAL OPPORTUNITIES

<input type="checkbox"/> Full page ad outside back cover of CCAS program	\$500
<input type="checkbox"/> Full page ad inside page of CCAS program	\$400
<input type="checkbox"/> Half page ad inside page of CCAS program	\$200
<input type="checkbox"/> Full page ad outside back cover of SPPM program	\$500
<input type="checkbox"/> Full page ad inside page of SPPM program	\$400
<input type="checkbox"/> Half page ad inside page of SPPM program	\$200
<input type="checkbox"/> Charging Station Sponsor (CCAS/SPPM) - <i>EXCLUSIVE</i>	\$1,200
<input type="checkbox"/> Conference Wifi Sponsor (CCAS/SPPM) - <i>EXCLUSIVE</i>	\$1,500
<input type="checkbox"/> CCAS Wine and Cheese Reception Sponsor - <i>EXCLUSIVE</i>	\$10,000

**Full descriptions of the exhibit, advertising, and sponsorship opportunities are in the prospectus.**



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## ORGANIZATION INFORMATION

Company Name \_\_\_\_\_

Company Website \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_  
Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Credentials \_\_\_\_\_

Contact Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name/Description of Product(s)/Services(s) to Exhibit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BOOTH SELECTION

After referring to the floor plan, indicate preferred exhibit table choice(s). The floor plan is online at <http://www.ccasociety.org/exhibit-information/> and <http://www.pedsainmedicine.org/exhibitors/>.

\_\_\_\_\_  
1<sup>st</sup> Choice

\_\_\_\_\_  
2<sup>nd</sup> Choice

\_\_\_\_\_  
3<sup>rd</sup> Choice

## PAYMENT AND CANCELLATION INFORMATION

A minimum of 50% of the exhibit fee is due when the Exhibit Agreement is submitted. Payment is due in full by January 15, 2019. Payment for an Exhibit/Sponsor Agreement submitted after January 15 must be paid in full at the time of application. An invoice will be emailed to the contact person on the Exhibit Agreement upon receipt of the Agreement in the CCAS/SPPM office.

Payment can be made by check or credit card. A **receipt** will be emailed to contact person on the Exhibit Agreement.

Cancellation Policy: Written cancellations received by January 15, 2019 will be provided a 50% refund. There are no refunds for cancellations received after January 15. Cancellations should be emailed to Dana Gibson at [dana@societyhq.com](mailto:dana@societyhq.com).



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## EXHIBIT

Each exhibitor will be required to wear a name badge identifying themselves as well as their organization. Should an exhibitor choose to attend one of the educational sessions, name badges must be worn and no questions or feedback are allowed to be given.

### From the ACCME Standards for Commercial Support:

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation; nor can they be a condition of the provision of commercial support for educational activities.

Product-promotion material or product-specific advertisement of any type is prohibited in or during educational 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 educational activities.

- For print, advertisements and promotional materials will not be interleaved within the pages of the educational content. Advertisements and promotional materials may face the first or last pages of printed educational content as long as these materials are not related to the educational content they face and are not paid for by the commercial supporters of the educational activity.
- For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the educational content and not interleaved between computer 'windows' or screens of the educational content.
- For audio and video recording, advertisements and promotional materials will not be included within the educational activity. There will be no 'commercial breaks.'
- For live, face-to-face educational activity, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after an educational activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the educational activity.

Educational materials that are part of an educational activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

Print or electronic information distributed about the non-educational elements of an educational activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

A provider cannot use a commercial interest as the agent providing an educational activity to learners, e.g. distribution of self-study educational activities or arranging for electronic access to educational activities.

Exhibitor assumes all risks and responsibilities for accidents, injuries or damages to person or property and agrees to indemnify and hold harmless The Society for Pediatric Anesthesia and the CCAS and SPPM Sections, its officers, directors, trustees, employees, agents and contractors, from any and all claims, liabilities, losses, costs and expenses (including attorneys' fees) arising from or in connection with Exhibitor's participation in the Activity.

## SPONSORSHIP

Sponsorship is a form of commercial support.

The Congenital Cardiac Anesthesia Society and the Society for Pediatric Pain Medicine are ultimately responsible for control of content and selection of presenters and moderators for their respective programs. The Company agrees not to direct the content of the activity. All content will promote improvements or quality in healthcare and not a specific proprietary business interest. The commercial supporter will have no influence on or involvement in content development.



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The CCAS and SPPM will ensure meaningful disclosure to the audience, at the time of the activity, of the (a) company funding and (b) any significant relationship between the sponsor and the company (e.g. grant recipient) or between individual speakers or moderators and the company.

No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter and the CCAS and SPPM agree to abide by all requirements of the **ACCME STANDARDS for Commercial Support of Continuing Medical Education**.

**Please acknowledge your intention to exhibit/sponsor and to comply by the above terms and conditions:**

\_\_\_\_\_  
Company Representative (PRINT NAME)

\_\_\_\_\_  
Company Representative Signature (electronic signature accepted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCAS/SPPM Representative (PRINT NAME)

\_\_\_\_\_  
CCAS/SPPM Signature

\_\_\_\_\_  
Date