



Exhibit and Commercially Associated Promotion Fee Agreement

Activity Information

2019 Pulmonary Embolism Symposium

TITLE OF ACTIVITY

October 4-5, 2019

DATE(S)

Boston, MA

LOCATION

Claire Grimble (cgrimble@bu.edu)

CME OFFICE CONTACT

Educational Partner

The Pert Consortium

EDUCATIONAL PARTNER

Michelle L. Lanno

CONTACT

PO Box 108

MAILING ADDRESS

Brookline, NH 03033

CITY/STATE/ZIP

617-872-7338

PHONE

Organization Information

Regarding Terms, Conditions and Purposes of an Exhibit
 Fee/ Commercially Associated Promotion to Boston
 University School of Medicine:

COMPANY NAME

CONTACT

MAILING ADDRESS

CITY/STATE/ZIP

PHONE

FAX

EMAIL

PLEASE SIGN ON PAGE 2

Exhibit and Commercially Associated Promotion Fees

The named company wishes to exhibit/host Commercially Associated Promotion at the named continuing medical education activity for the agreed upon fee as follows:

Exhibitor Levels:

- Platinum: \$25,000.00
- Gold : \$15,000.00
- Silver: \$10,000.00
- Bronze: \$7,500.00

Satellite Symposium Opportunities

- October 4 Lunch 40 Person Room: \$20,000
- October 4 Lunch 80 Person Room: \$ 25,000
- October 4 lunch 100 Person Room: \$30,000
- October 5 Breakfast 40 Person Room: \$20,000
- October 5 Breakfast 80 Person Room: \$ 25,000
- October 5 Breakfast 100 Person Room: \$30,000
- October 5 Lunch 40 Person Room: \$20,000
- October 5 Lunch 80 Person Room: \$ 25,000
- October 5 Lunch 100 Person Room: \$30,000

Additional Sponsorship Opportunities

- Host Cocktail Reception \$55,000
- Symposium Wi-Fi Sponsorship \$15,000
- Lanyards \$15,000
- Marketing Advertisement with 2 eblasts \$15,000
- Charging Station \$12,000
- Hotel Key Cards with Company Name \$12,000
- PERTinent TV (up to 30 minutes) \$10,000
- Marketing Advertisement with 1 eblast \$10,000
- Hotel Room Door Drop \$10,000
- Company Marketing Material in Attendee Bags \$7,500
- Marketing pop-up (Reception Desk) \$7,500

Exhibit Space and Equipment

- 1 20 amp Electrical Outlet, 1 Wastebasket, 2 side chairs \$250 (includes 6 ft. table)

Total: _____

Return a copy of this signed agreement & payment to:

Make checks payable to:
Trustees of Boston University
Tax Identification Number: 04-2103547

Please send to:
Boston University School of Medicine
Continuing Medical Education
72 East Concord Street, B208 , Boston, MA 02118
Attn: Claire Grimble
Phone: (617) 358-5041/ Email: cgrimble@bu.edu
To pay by credit card, please contact Claire to make arrangements.

By executing this agreement, the Company agrees to abide by the ACCME Standards for Commercial Support of Continuing Medical Education activities (see <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>), the ANCC Commercial Support Guidelines, the American Medical Association Guidelines on Gifts to Physicians; HHS OIG Compliance Program Guidance for Pharmaceutical Manufacturers and PhRMA Code on Interactions With Healthcare Professionals.

No promotional activities will be permitted in the same room or obligate pathway of the educational activity.

No promotion of products will be permitted in the educational space immediately before, during or after the educational activity.

Acceptance of exhibit support does not constitute real or implied endorsement of any company products or activities. BUSM reserves the right to assign exhibitor space and to remove or prohibit the installation or display of any exhibit it deems inappropriate or unprofessional in any manner. Exhibitor rights may not be assigned.

AGREED

| Exhibiting COMPANY (NAME) | SIGNATURE | DATE |
|---------------------------|-----------|------|
| PERT Consortium | SIGNATURE | DATE |
| Julie White, BUSM CME | SIGNATURE | DATE |