

Exhibit and Promotion Fee Agreement

Activity Information

2021 Pulmonary Embolism Symposium

TITLE OF ACTIVITY

October 15-16, 2021

DATE(S)

Boston, MA

LOCATION

Michelle Lanno, mlanno@pertconsortium.org

CONTACT

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 3

Exhibition Offerings

Exhibitor Level

In-Person Exhibit Booth (Platinum)	\$30,000
In-Person Exhibit Booth (Gold)	\$20,000
In-Person Exhibit Booth (Silver)	\$15,000
In-Person Exhibit Booth (Bronze)	\$10,000
Virtual Exhibit Booth (Platinum)	\$20,000
Virtual Exhibit Booth (Gold)	\$15,000
Virtual Exhibit Booth (Silver)	\$10,000

Satellite Symposium

Satellite Symposia Lunch (Capacity 100) – October 15th	\$30,000
Satellite Symposia Lunch (Capacity 80) – October 15th	\$25,000
Satellite Symposia Lunch (Capacity 40) – October 15th	\$20,000
Satellite Symposia Breakfast (Capacity 100) – October 16th	\$30,000
Satellite Symposia Breakfast (Capacity 80) – October 16th	\$25,000
Satellite Symposia Breakfast (Capacity 40) – October 16th	\$20,000
Satellite Symposia Lunch (Capacity 100) – October 16th	\$30,000
Satellite Symposia Lunch (Capacity 80) – October 16th	\$25,000
Satellite Symposia Lunch (Capacity 40) – October 16th	\$20,000
Satellite Symposia Live Stream (add-on)	\$7,500
Satellite Symposia Record On-Demand (add-on)	\$1,500

Additional Sponsorship Opportunities

Host Cocktail Reception	\$70,000
Hotel Key Card	\$20,000
Symposium WIFI Sponsorship	\$15,000
Advertising (ad + 2 emails)	\$15,000
Advertising (ad + 1 email)	\$10,000
Private Meeting Room Rental – Day – October 15th	\$10,000
Private Meeting Room Rental – Evening – October 15th	\$10,000
Private Meeting Room Rental – Day – October 16th	\$10,000
Online Meeting Platform Ad (Large)	\$15,000
Online Meeting Platform Ad (Small)	\$10,000
Hotel Room Door Drop	\$12,500
Charging Station	\$12,000
Marketing Attendee Bag Insert	\$10,000
Support the Fellows Course	\$9,000
Marketing Reception Pop-Up	\$7,500
Silicone Phone Wallets	\$6,000
Laptop Camera Covers	\$6,000

Total

Return a copy of this signed agreement and payment to:

Make checks payable to:

The National PERT Consortium®
Tax Identification Number: 81-0741681

Please send to:
151 Amherst Street
Nashua, NH 03064
Attn: Michelle Lanno

Phone: 617.872.7228 - Email: mlanno@pertconsortium.org

By executing this agreement, the Company agrees to abide by the ACCME Standards for Commercial Support of Continuing Medical Education activities (see <https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited->ce), 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. The National PERT Consortium® 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.

Agreement

EXHIBITING COMPANY (NAME)	SIGNATURE	DATE
The National PERT Consortium®		
HOST	SIGNATURE	DATE