

# We invite you to join us at the 4th Annual Symposium

Friday, September 13, 2024 at the Cancer & Cardiovascular Research Building

## **EXHIBITOR PROSPECTUS**

For inclusion on print materials at the event, please confirm by Friday, August 9, 2024.

	PLATINUM	GOLD	SILVER	BRONZE *Lab Suppliers Only \$250	
Sponsorship Level	\$2,000	\$1,500	\$1,000		
Exhibit table, two symposium passes (includes breakfast, refreshment breaks, lunch, and reception meals)	2 Tables in prominent location	1 Table in prominent location	1 Table	1 Table	
1 - 2 minute spiel in exhibit hall	Х	Х	Х	Х	
Logo on emails & exhibit space screens at event  Company name on agenda and website	Х	Х	Х	Х	
Name and logo on name tags & exhibit space signs at event	Х	Х			
List of attendees (opt-in)	Х	Х			
Complimentary Parking	Up to 2 vehicles	Up to 2 vehicle	Up to 1 vehicle		

Please note that the Microbiome and Cancer Symposium does not meet the University of MInnesota's guidelines for tax deduction.



## SPONSORSHIP AGREEMENT

By submitting this form, you are agreeing to the following: In accordance with the policies of the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), and the Exhibitor Policy of the University of Minnesota Medical School Office of Continuing Professional Development, as an exhibitor (defined as a company who will have a table in the designated exhibit space during the course), you agree to the following conditions:

- 1. All exhibitors must be in a room or area separate from the educational activity and the exhibits must not interfere or in any way compete with the learning experience.
- 2. Exhibitors and companies purchasing add-on marketing opportunities shall have no control over:
  - a. Identification of CE needs
  - b. Determination of educational objectives
  - c. Selection and presentation of content
  - d. Selection of all persons and organizations that will be in a position to control the content of the CMEactivity
  - e. Selection of educational methods
  - f. Evaluation of the activity
- 3. Companies providing an educational grant or purchasing an add-on marketing opportunity are not considered exhibitors unless they also select the exhibitor option listed above and pay the corresponding fee. All exhibits and marketing opportunities are available on a first come first serve basis. By submitting this form, you are committing to participating and understand that an invoice will be sent for the applicable fees for your participation selections. No refunds will be made for cancellations or for "no shows."

# CONTACT INFORMATION Company/Organization: Contact Name: Contact Email: Mailing Address: City: State Zip Code BILLING INFORMATION Complete only if different from above. Company/Organization: Contact Name: Contact Email: Mailing Address: City: State Zip Code Title: Contact Name: Contact Email: Phone: Mailing Address: City: State Zip Code

### PARTICIPATION LEVEL

**Platinum** \$2,000

**Silver** \$1,000

**Gold** \$1,500

Bronze \$250 Lab Suppliers only

## **PAYMENT INFORMATION**

**Check** Make check payable to Regents at the University of Minnesota

Credit Card You will be sent a secure link to complete your transaction

**EFT** An invoice will be sent to the billing contact. *TIN: 41-6007513* 

W9 available at z.umn.edu/MCCw9

by signing and returning this completed Exhibitor Agr	reement, i consent to the outlined terms and attest that tr	IE
completed information is accurate.		
Print Name:	Date:	

		Date.	
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<u> </u>			
Signatura:			
Signature:			

If sending this completed form electronically, please type your name above and check this box:

RETURN AGREEMENT & PAYMENT Must be sent to the addresses below to be properly received.

By mail: Electronically: <u>mart2948@umn.edu</u>

Attn: Lissa Martinez Huebner / MBC Masonic Cancer Center, University of Minnesota 2231 6th St SE, 3-165 Minneapolis, MN 55455