Course ID: C00401

Beyond Palliation: Exploring Transplantation Options for

Fontan Patients

Date: 02/24/2024

Location: UCLA Meyer & Renee Luskin Conference Center

Course Chair: Jeannette Lin, MD

EXHIBITOR DETAILS

COMPANY (TO APPEAR IN ACTIVITY MATERIAL)			
CONTACT PERSON			
EMAIL		PHONE	
ADDRESS			
CITY	STATE		ZIP CODE
REPRESENTATIVE #1 NAME	EMAIL		
REPRESENTATIVE #2 NAME	EMAIL		
ELECTRICAL OUTLET NEEDED (YES/NO) – PLEASE BRING YOUR OWN EXTENSION CORDS			

EXHIBITOR FEES

The company listed above wishes to participate as an exhibitor for the above-named activity. The exhibitor fees are provided in the amount of \$2,500 per exhibit.

PAYMENT METHODS

Online (preferred):

We accept Visa, MasterCard, American Express, and Discover credit cards.

To register using a credit card or ACH(E-Check)/electronic transfer, please Click Here.

*Credit card payments via phone, fax, or mail are no longer accepted.

Please mail check payments no later than the **3 weeks prior to the conference start date** to ensure we receive your payment in time. Exhibitor registration will not be finalized until payment has been received.

CONDITIONS

The Center for Continuing Professional Development, David Geffen School of Medicine at UCLA, agrees to:

• provide exhibit space to the above-listed exhibitor for the course presented on the date(s) and location(s) designated above

- abide by the ACCME Standards for Integrity and Independence in Accredited Continuing Education
- acknowledge exhibitors via signage or other means
- provide a 6ft table and 2 chairs

The exhibitor acknowledges that product-promotion material or product-specific advertisement of any type is prohibited in or during the accredited activity and that live or enduring promotional activities must be kept separate from the CME activity.

The exhibitor agrees to:

- abide by the ACCME Standards for Integrity and Independence in Accredited Continuing Education, the AMA Gifts to Physicians policy, and the UC Healthcare Vendor Relation Policy, which bans all gifts
- not engage in any promotional activity at the program other than in the area designated by The Center for Continuing Professional Development as "exhibit space"
- display only during those times and spaces specified by the Office of Continuing Medical Education and maintain separation from the educational activity
- limit the number of representatives managing the exhibit to two (2)
- wear program-issued name tags at all times
- comply with COVID policies, inclusive of masking requirements
- bring the appropriate power cords, if power is needed
- remit payment before the activity

REFUND POLICY

Exhibitor fees are NON-REFUNDABLE unless the Exhibit is canceled by UCLA.

CONTACT US

For questions or concerns, please contact Je'Rel Smith at ccpdseg@mednet.ucla.edu

SIGNATURES

The company and The Center for Continuing Professional Development, David Geffen School of Medicine at UCLA provider representative must sign below.

Company Representative:	The Center for Continuing Professional Development, David Geffen School of Medicine at UCLA:		
SIGNATURE	SIGNATURE		
NAME	NAME		
TITLE	TITLE		
DATE	DATE		

Please email the completed, signed exhibit LOA to CCPDSEG@mednet.ucla.edu