



EXHIBIT FINANCIAL SUPPORT LETTER OF AGREEMENT

Activity:

Date(s):

Location:

Activity website:

Accredited Provider: Des Moines University, Des Moines, IA

Contact: Vanessa Gray, MHA, CMP, CHCP, Director of Continuing Medical Education

Phone: 515-271-1541

Email: Vanessa.Gray@dmu.edu

Joint Provider:

Contact:

Phone:

Email:

Company:

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TERMS

Company wishes to purchase unrestricted table space for the above-named activity in the amount of \$

Name of Company as you would like it to appear in meeting materials:

Contact:

Phone:

Email:

Name and contact information for representative at the meeting (if applicable).

Individual 1:

Phone:

Email:

Individual 2:

Phone:

Email:

The following items will be provided at no charge:

- 8 foot table with two chairs. *All tables must be covered. Please bring a tablecloth.*
- Other:

The additional items are requested. Additional fees may occur.

Electrical outlet

Other:

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CONDITIONS

1. In consideration of the space provided by the Accredited Provider as described in this Letter of Agreement, Company shall pay for the exhibition space. No refunds will be issued.
2. Exhibits will be placed outside the meeting room where the educational activity is taking place.
3. The opportunity to exhibit will be open to commercial supporters in addition to the Company.
4. The payment is for exhibit opportunity only.
5. Company will use the name badge provided by the activity.
6. Display needs will be provided by Accredited Provider to Company (internet, boards, electricity, etc.).
7. The Accredited Provider will acknowledge support from the Company verbally and in activity materials.
8. Company is responsible for clean-up (remove all materials from the premises, etc.).
9. The terms of this Letter of Agreement do not, either directly or indirectly, constitute any form of employment contract or promise of employment between the Company and Des Moines University.
10. The Letter of Agreement contains the entire agreement and understandings between the parties and it supersedes all prior agreements, understandings, and representations written or oral relating to the subject matter. This Letter of Agreement shall be binding upon the parties and their representatives and successors.

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PAYMENT

As described in this letter of agreement, in consideration of the space provided, Company shall pay Accredited Provider for the exhibition space. Such payment shall be made. No refunds will be issued. Please select a payment method below.

Credit card payment: Please call 515-271-1596.

Payment by check: Please make checks payable to *Des Moines University* and include a copy of the signed exhibit letter of agreement. DMU's Federal identification number is 42-0730347.

Des Moines University
Attn: Accounting
3200 Grand Avenue
Des Moines, IA 50312

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SIGNATURES OF AGREEMENT

The commercial interest agrees to: (1) abide by all general terms and conditions of this letter of



agreement, (2) abide by the [ACCME Standards for Commercial Support](#)[™], and (3) submit payment.

Company Representative

Signature

Date

The accredited provider agrees to: (1) abide by the terms and conditions of this Letter of agreement, (2) abide by the ACCME Standards for Commercial Support[™], and (3) acknowledge support from the company verbally and in activity materials.

Accredited Provider

Signature

Date

Joint Provider

Signature

Date