

**EXHIBIT FINANCIAL SUPPORT LETTER OF AGREEMENT**

Letter of Agreement regarding terms and conditions between Des Moines University - Osteopathic Medical Center (Accredited Provider) and Acadia Pharmaceuticals, Inc. (Company).

**Activity title:** 3<sup>rd</sup> Annual Geriatric Behavioral Health Conference  
**Dates:** October 3 – 4, 2019  
**Target audience:** Medical providers, pharmacists, nurses, social workers, and healthcare students.  
**Website:** <https://cme.dmu.edu/geripsych2019>  
**Address:** Des Moines University  
Olsen Center  
3200 Grand Avenue  
Des Moines, IA 50312  
**Contact person:** Christina Billings, MPH  
**Phone:** 515-271-1077 **Email:** [Christina.Billings@dmu.edu](mailto:Christina.Billings@dmu.edu)

**COMPANY INFORMATION**

The Company wishes to purchase unrestricted table space for the above-named conference in the amount of:

- \$800 – exhibit table, two conference registrations (includes food and materials), attendee list (name, position, organization), and full-page ad in the meeting materials.  
 \$500 – exhibit table, two conference registrations (includes food and materials), and attendee list (name, position, organization).  
 \$150 – a table is set-up for your organization at the conference to display materials that you send prior to the meeting and you will be listed as a sponsor for the event. No on-site participation.

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

Contact: Tara Barbatti

Address: 7750 Beaver hills lane

City, State, Zip: Cedar Falls, Ia 50613

Email: tbarbatti@acadia-pharm.com Phone: 319 939 2922

Name(s) and contact information for representatives at the meeting (in applicable).

Representative 1: Tara Barbatti

Email: tbarbatti@acadia-pharm.com Phone: 319 939 2922

Representative 2: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The following items will be provided at no charge:

- 8' foot table\* with 2 chairs      \*All tables must be covered. Please bring a tablecloth.

The additional items are requested. Additional fees may occur.

Electrical outlet       Other: \_\_\_\_\_

**EXHIBIT TERMS**

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 (e.g. companies) 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 (i.e. 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 (i.e., 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.

**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 contact DMU CME at 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

**SIGNATURES OF AGREEMENT**

The Company agrees to: (1) abide by all the terms and conditions of this Agreement; and (2) submit payment.

Tara Barbatti  
Company representative

T. Barbatti  
Signature

7/12/19  
Date

The Accredited Provider agrees to abide by the terms and conditions of this Letter of Agreement.

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education

[Signature]  
Signature

7-16-19  
Date