



EXHIBIT FINANCIAL SUPPORT LETTER OF AGREEMENT

Letter of Agreement regarding terms and conditions between Des Moines University - Osteopathic Medical Center (Accredited Provider) and Alzheimer's Association (Company).

Activity title: 3rd 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

COMPANY INFORMATION

The Company wishes to purchase unrestricted table space for the above-named conference in the amount of:
[X] \$100 - Non-profit rate. Exhibit table, two conference registrations (includes food and materials), attendee list (name, position, organization), and full-page ad in the meeting materials.

Name of Company as you would like it to appear in meeting materials: Alzheimers Association Iowa Chapter
Contact: Brianna Fitzgerald
Address: 1730 28th St.
City, State, Zip: West Des Moines, IA 50266
Email: bkfitzgerald@alz.org
Phone: 515-218-2677

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

Representative 1:
Email:
Phone:
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:

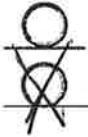


EXHIBIT TERMS

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

Please invoice.

SIGNATURES OF AGREEMENT

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

Brianne Fitzgerald
Company representative

Brianne Fitzgerald
Signature

7/19/19
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

Vanessa Gray
Signature

7-30-19
Date