



EXHIBIT FINANCIAL SUPPORT LETTER OF AGREEMENT

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

Activity title:

Dates:

Target audience:

Website:

Location:

Contact person: Christina Billings, MPH, CHCP

Phone: 515-271-1596

Email: Christina.Billings@dmu.edu

COMPANY INFORMATION

The Company wishes to purchase unrestricted virtual table space for the above-named conference in the amount of **\$XXX – includes [exhibitor engagement options], and one (1) conference registration.**

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

Contact: _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** _____

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

Name: _____

Email: _____ **Phone:** _____

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. Engagement with exhibitors will be outside of the space 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. The Accredited Provider will acknowledge support from the Company verbally and in activity materials.
6. 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.
7. 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 visit [URL](#) and use the REGISTER tab to submit your payment.

_____ 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.

Company representative

Signature

Date

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

Mark Peiffer
Senior Vice President & Chief Financial Officer

Signature

Date