



Exhibitor Registration Form

2019 Detroit Trauma Symposium

November 7 – 8, 2019, MGM Grand Detroit, Detroit, Michigan

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Authorized by: _____

Phone: _____ Email: _____

First Attending Representative: (check if same as above) _____

Phone: _____ Email: _____

Second Attending Representative: _____

Phone: _____ Email: _____

Additional Attending Representative(s): _____

(Additional representatives may attend free of charge; however, lunches are available for the 1st and 2nd representatives only).

Exhibitor/Sponsor Fees

8' Vendor Table Two Days \$2000

8' Vendor Table Thursday, November 7 Only \$1500

8' Vendor Table Friday, November 8 Only \$1500

Registration and table assignments will be confirmed once payment is received.

Payment by Check or Credit Card (*MasterCard or Visa accepted*)

Include your credit card information below and email to cluiz@med.wayne.edu or fax to 313-577-5310.

Call Cindy Luiz at 313-577-3310 for any questions.

Credit Card Number _____ Amount to Charge \$ _____

MasterCard Visa Expiration Date (MM/YY) _____

Name on card: _____ Signature: _____

Payment by Check

Enclosed is my check for \$_____, made payable to **Detroit Trauma Symposium-WSU**.

Please return registration form and payment to:

Detroit Trauma Symposium Registration

Surgery Department/6C-UHC

4201 St. Antoine

Detroit, MI 48201

Thank you for your support!

LETTER OF AGREEMENT
Regarding Terms, Conditions, and Purposes of Funding CME Activities
through Wayne State University School of Medicine (Sponsor)

From (Company):	
CME Activity Title:	2019 Detroit Trauma Symposium
Meeting Location:	MGM Grand Hotel, Detroit, MI
Activity Date:	November 7 – 8, 2019
School of Medicine Department	Department of Surgery
Course Director Name:	Lawrence N. Diebel, M.D.
Phone:	313-577-3310
Address:	4201 St. Antoine, Suite 6C-UHC, Detroit, MI 48201
Email:	cluiz@med.wayne.edu ; ldiebel@med.wayne.edu
Company Representative Name:	
Address:	
Phone:	
Email:	

Support: The above company wishes to provide commercial support for the named continuing medical education activity by means of (indicate which option):

1. Educational grant for support of the CME activity in the amount of:	\$
2. Exhibit fee in the amount of:	\$

Conditions:

Statement of Purpose: program is for scientific and educational purposes only and will not promote the company's products directly or indirectly.

Control of Content and Selection of Presenters & Moderators: sponsor is responsible for control of content and selection of presenters and moderators.

Disclosure of Financial Relationships: sponsor will ensure disclosure to the audience of (a) company funding and (b) any relationship between the sponsor and the company (e.g., grant recipient) or between anyone in the position of control of the content of the activity (planning committee members, speakers, moderators) and the company.

Involvement in Content: there will be no "scripting" or influence on content by the company or its agents.

Ancillary Promotional Activities: no promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the program room.

Objectivity & Balance: sponsor will make every effort to ensure that any information regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information about the product (s) and/or alternative treatments.

Limitations of Data: sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

Discussion of Unapproved Uses: sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.

Opportunities for Debate: sponsor will ensure opportunities for questioning or scientific debate.

Independence of Sponsor in the Use of Contributed Funds:

Funds should be in the form of an educational grant made payable to Wayne State University, **TIN: 38-6028429**


No other funds from the commercial company will be paid to the program director, faculty, or others involved with the activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to: abide by all requirements of the ACCME Standards for Commercial Support (September 2004). (The preceding conditions highlight, but do not detail all of these requirements.) Copies of the ACCME Standards are available from the Division of Continuing Medical Education, Wayne State University School of Medicine, (313) 577-1453.

The Accredited Sponsor agrees to: 1) abide by the ACCME Standards for Commercial Support (September 2004) ; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

AGREED:

Company Representative Signature:	
Date:	

WSU School of Medicine Continuing Medical Education Representative Signature:	
Date:	