MUSC
Medical University of South Carolina
Changing What's Possible

Medical University of South Carolina-Office of CME

Exhibitor Agreement

2025 Neonatal Pharmacology Conference
November 12-14, 2025

Please complete the following information in order that we may serve you better at our conference:

I wish to purchase exhibitor space at the rate of:

◯ Regular Exhibit Fee $1,750.00

In person exhibitors offered on 1st come 1st paid basis. Exhibitors will provided a 6ft. table, 2 chairs and electricity upon request. If you have any questions, please contact Monica Conetta (843-876-1925 phone/ 843-876-1931 fax) or email to conetta@musc.edu.

Please make checks payable to the Medical University of South Carolina (MUSC Tax ID #57-6000722).
Please mail to:

MUSC Office of CME
96 Jonathan Lucas Street
HE601, MSC 754
Charleston, SC 29425 OR

AX, MC, Visa: Exp: CVV Code:

Name on Card: Email:

Address:

City, State, Zip: Amount to Charge:

I AGREE TO ABIDE BY THE ACCME STANDARDS FOR COMMERCIAL SUPPORT – SPECIFIC LANGUAGE REGARDING EXHIBITS AT LIVE ACTIVITIES

STANDARD 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. Live (staffed exhibits, presentations) promotional activities must be kept separate from CME. **For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space (conference, meeting room or other space of the actual educational session(s)) immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place (conference, meeting room or other space of the actual educational sessions) of the CME activity.** (Refer to ACCME standards at www.accme.org .)

I agree **I do not agree**

Your signature is required below.

← Please initial & sign below

_____
Signature of Lead Exhibitor Date

Name of Company_____

2025 Neonatal Pharmacology Conference

Date of Activity: **November 12-14, 2025**

Contact Person:

Address:

City/State/Zip:

Telephone # with area code:

E-mail address:

Additional Representative(s) attending meeting, not listed above.

Name:

Address:

City/State/Zip

Telephone#: **E-mail:**

Name:

Address:

City/State/Zip

Telephone#: **E-mail:**