

Display Dates: June 8-11, 2023
Florida Society of Gynecologic Oncology
Longboat Key Club
442 Gulf of Mexico Drive
Longboat Key, FL 34228

TABLETOP DISPLAY CONTRACT

Company: _____

We hereby contract for Table Top Display space for the **29th Annual Meeting of the Florida Society of Gynecologic Oncologists** scheduled at Longboat Key Club, 442 Gulf of Mexico Drive, Longboat Key, FL 34228. All table tops are skirted. Space location will be on a first come- first served basis. All display materials to be brought in by you. You may use free-standing displays in lieu of a table as long as they are contained within the perimeter of your display area.

Contract agreement is binding as follows: Advertising in any manner by any firm not an exhibitor is not permitted. Subletting of space is not permitted. The exhibitor assumes entire responsibility and liability for losses, damages, and claims arising out of exhibit's activities on the premises and will indemnify, defend, and hold harmless the Hotel, its agents and employees from any such losses, damages and claims.

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

Control of Content: Sponsor is responsible for control of content and selection of presenters and moderators. The Company and its agents agree not to direct the content of the program in any way or to influence any speakers regarding content of their lectures. nor can they be a condition of the provision of commercial support for CME activities.

Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) 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 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 of the CME activity.

Disclosure of Financial Relationships: Sponsor will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between the Sponsor and Company (e.g. grant recipient) or between individual speakers or moderators and the Company.

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

Compliance: Both Exhibiting Company and Sponsor agree to abide by all requirements of the Standards for Commercial Support of Continuing Medical Education, by the code of the Pharmaceutical Research and Manufacturers of America (PHARMA), and the American Medical Association Code of Medical Ethics on Gifts to Physicians from Industry. Upon request, Sponsor will furnish the Company with a report concerning the expenditure of the funds provided.

Please execute and return this contract by mail or fax by **May 22, 2023**. Please note that display space availability will not be guaranteed without submission of a signed contract and receipt of payment. (Or with evidence of payment in process).

*Please type or print the name of your company as you wish
it to appear in the Syllabus*

Company: _____

Contact Name: _____

Phone: _____ Cell Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Level of Corporate Sponsorship

- ___ Silver:
- ___ Gold:
- ___ Platinum:

Payment Information

Attached is a check made out to Florida Society of Gynecologic Oncology in the amount of \$ _____

OR

Payment can also be completed through our website – FSGO.org

Signature _____

This application, properly executed, constitutes a valid and binding contract.

Authorized Signature _____

Please mail to: Ayesha Fullerton
Mayo Clinic
4500 San Pablo Road S
Jacksonville, Florida 32224

Email: Fullerton.Ayesha@mayo.edu