



2009 EXHIBITOR INFORMATION

American College of Spine Surgery
2009 Contemporary Concepts in Spine Surgery
June 3-6, 2009
Marriott Newport Beach Hotel & Spa
Newport Beach, California

The four-day 2009 ACSS sponsored meeting will host an anticipated 60-80 practicing spine surgeons from all over the United States. Please complete the Exhibitor Application and Agreement without delay.

EXHIBIT SPECIFICATIONS - Each exhibit will be displayed on one standard 6' draped table top as indicated on the Application Form, unless additional space is requested. Electricity will be available **only** if requested in advance. Exhibits will be furnished with one chair. Additional furniture or other special requests should be made directly with the hotel conference services department and will be the responsibility of the exhibitor.

SPACE ALLOCATION AND ASSIGNMENT - Space will be pre-assigned in the order in which paid applications are received; space will not be held until payment and application in writing are received. Even if application has been received, companies will not be considered an exhibitor nor included in printed materials, nor will space be held, unless payment has been received in full. Exhibiting companies who have exhibited at previous meetings or who provide additional support for other meeting functions will be given preferred assignment consideration.

SET-UP / DISMANTLING - Installations of exhibits is scheduled from 6:00 pm until 8:00 pm, on Wednesday, June 3. Exhibits will close Saturday afternoon after the lunch break. Exhibits should be dismantled by 3:00 pm.

EXHIBIT HOURS (subject to minor changes)

Thursday, June 4..... 7 am – 8 pm
Friday, June 5 7 am - 5 pm
Saturday, June 6..... 7 am - 2 pm

SECURITY - Although all reasonable efforts will be made to provide Exhibit Hall Security, Exhibitors are urged to secure valuables nightly or take them to their rooms. Neither ACSS nor the hotel will be responsible for lost or stolen items.

SHIPPING INFORMATION - Booth material should be shipped to arrive no more than 3 days prior to our meeting, addressed to:

Recipients Name & Name of Company
Attn: Exhibits/American College of Spine Surgery, June 3-6, 2009
Marriott Newport Beach Hotel & Spa
900 Newport Center Drive
Newport Beach, CA 92660
Package # (i.e. 1 of 1, 1 of 4, etc.)

Be sure your shipment contains your Company Name and return address.

HOTEL INFORMATION - **Hotel Cutoff Date: May 1, 2009.** ACSS Discounted Group Rates: \$209/night-single or double occupancy and includes the Wired for Business package for internet access. Room rates are subject to applicable state and local taxes. Be sure to mention you are with ACSS in order to receive our discounted group rate (**Discount code: ACSACSA**).

CANCELLATIONS - Once formal application has been made, cancellations must be furnished to us in writing by March 27, and a \$50 cancellation fee will be assessed. Cancellations received on or after March 28 through April 10, will be entitled to a refund less a \$250 cancellation fee. Cancellations received after April 10 will be considered no-shows, and are responsible for the entire exhibit fee; no refund will be given.

COMPLETE AND RETURN THIS ENTIRE 4-PAGE FORM WITH YOUR PAYMENT

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY AND SIGN BELOW

Exhibit Space Will Not Be Assigned
Unless This Form Contains An Authorized Signature

Exhibit Application & Agreement

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the American College of Spine Surgery (ACSS), The Marriott, the affiliates, officers, directors, agents, employees and partners of each, ("Indemnified Parties") harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance. Exhibitor promises to obtain a certificate of insurance showing the indemnified parties as additionally named insureds during the period June 3-6, 2009.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2009 Rules and Regulations, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2009 ACSS sponsored meeting. We/I further acknowledge that ACSS reserves the right to reject, at its discretion, any application to exhibit.

Company Name _____

AUTHORIZED SIGNATURE _____

Typed or Printed Name _____

Title _____ Date _____

Please mail your completed application with full payment by March 1, 2009, to:
(in order to be included in the onsite program)

**AMERICAN COLLEGE OF SPINE SURGERY
Simona Vese, Executive Director
P.O. Box 2405, Riverside, CA 92516**

COMPANY NAME _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____

Web address _____ Email _____

hereby applies for Exhibit Space at the 2009 Contemporary Concepts in Spine Surgery

EXHIBIT DESCRIPTION (Must Be Completed)

Specific product(s) or items you will display: _____

Very briefly (75 word maximum) tell us about your company and its product(s). This **will be printed** in the onsite program under "Exhibitor Information":

EXHIBIT FEES and SPONSORSHIP OPPORTUNITIES

- 6' Tabletop Exhibit\$1250.00
 - 10' Linear Space G with 6' table G no table required..... \$1600.00
 - 110 Electrical Outlet \$ 50.00
 - 220 Electrical Outlet \$100.00
- (Other voltage, wattage, special outlets, phone line, internet connection, etc., must be arranged on an individual basis with The Marriott's AV Dept.)*
- Educational Grant (Bronze-\$5,000; Silver-\$10,000; Gold-\$25,000; Platinum-\$50,000) \$ _____
 - Printed Program/Syllabus\$2000.00
 - Welcome Reception (Thursday evening)\$5000.00
 - Happy Hour (Thursday evening).....\$3000.00
- grants and sponsorships will be acknowledged with appropriate signage, and in the onsite program*

REPRESENTATIVE NAME BADGE(S): Please furnish names of all representatives who will be at this meeting in conjunction with your exhibit. Registration for up to two representatives is included in the Exhibit fee; an additional \$100 registration fee is required for the third or more representatives (for a maximum of 5 representatives/booth). If you do not know at this time who will attend the meeting, **names must be provided by April 30.**

Name _____ (Included)

Name _____ (Included)

Name _____ \$100.00

Name _____ \$100.00

Name _____ \$100.00

TOTAL FEES ENCLOSED \$ _____

American College of Spine Surgery

LETTER OF AGREEMENT for COMMERCIAL SUPPORT
Regarding Terms, Conditions and Purposes of an Educational Grant

TO: Commercial Company/Supporting Organization Providing Support

By signing below, you are acknowledging that you agree to comply with the Standards for Commercial Support of CME of the ACCME, the AMA Guidelines on Gifts to Physicians from Industry and the Pharmaceutical Manufacturers Association Code of Pharmaceutical Marketing Practices.

This is a letter of agreement between **American College of Spine Surgery** and:

Supporting Organization (SO): _____

Address of SO: _____

City, State, Zip: _____

SO Representative: _____

Telephone Number: _____ FAX Number: _____

Title of CME Activity: Contemporary Concepts in Spine Surgery

Location: Marriott Newport Beach Hotel & Spa, Newport Beach, CA 92660

Date(s): June 3-6, 2009

ALL FINANCIAL SUPPORT OF ANY TYPE FOR A CME ACTIVITY MUST BE IN THE FORM OF AN EDUCATIONAL GRANT MADE PAYABLE TO "American College of Spine Surgery".

The supporting organization listed above may offer 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. Estimated restricted grant to reimburse expenses for:

A. Speaker(s) 1. _____

2. _____

To Include - All Expenses: _____ Travel Only: _____ Honorarium Only: _____

B. Support for catering functions (specify): _____

in the amount of \$ _____.

C. Other (e.g., equipment loan, brochure distribution, etc.): _____

D. Exhibit Space Rental: \$1,250 (6' table-top) \$1600 (10' linear space)
YOU MUST CHECK ONE

Please see next page

CONDITIONS

1. **Statement of Purpose:** This activity is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** ACSS and the sponsoring organization are ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Sponsor and ACSS will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** ACSS and the sponsoring organization will ensure disclosure to the audience of a), company funding, and b), any significant relationship between the sponsor and ACSS, or between individual speakers or moderators and supporting organization.
4. **Involvement in Content:** There will no "scripting", emphasis, or influence on content by the supporting organization or its representative(s).
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the activity room.
6. **Objectivity & Balance:** Sponsor and ACSS will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** ACSS and sponsoring organization will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** ACSS and sponsoring organization will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** ACSS and sponsoring organization will ensure opportunities for questioning or scientific debate.
10. **Independence of ACSS and sponsoring organization in the use of Contributed Funds:**
 - a. **Funds should be in the form of an educational grant made payable to American College of Spine Surgery.**
 - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the ACSS.
 - c. No other funds from the commercial company will be paid to the Activity Director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

AGREED: The ACSS has agreed to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in brochures, syllabi, and other CME activity materials, and 3) upon request, furnish the supporting organization with a copy of the Grant Accounting Form outlining the expenditure of the funds provided.

The supporting organization agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

The supporting organization agrees that all aspects of the activity shall be the responsibility of the ACSS, and will not be subject to influence by the supporting organization.

Supporting Organization Representative (typed name): _____

Signature: _____ Date _____

ACSS Executive Director (typed name): Simona Vese

Signature:  _____ Date 10/20/08

SEND THIS ENTIRE 4-PAGE COMPLETED FORM, with Payment in full to the address listed on page 1.