



Marshall University Joan C. Edwards School of Medicine

Office of Continuing Medical Education
Mohammed Ranavaya, MD, JD, MS, FRCPI, FFOM
Senior Associate Dean, CME
1616 13th Avenue, Suite 3A
Huntington, WV 25701
Email: cmeoffice@marshall.edu

Vendor / Exhibitor Application for CME Activity

Marshall University Joan C. Edwards School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

CME Activity Information

Activity Title: _____

Activity Date(s): _____

Location: _____

Department / Course Director: _____

Vendor / Organization Information

Company / Organization Name: _____

Address: _____

City / State / Zip: _____

Primary Contact Name: _____

Phone: _____

Email: _____

Exhibit / Sponsorship Information

Type of Participation (check one):

Vendor Exhibit / Display

Educational Sponsorship

Non-Profit Information Table

Other: _____

Description of Exhibit or Materials to be Displayed:

Vendor Compliance Attestation

By signing this form, the vendor/exhibitor agrees to comply with the following requirements:

- Exhibits and promotional activities must be physically separated from CME educational space.
 - The vendor/exhibitor must not enter the education room at any time.
 - Vendors may not influence the planning, content, or speakers of the CME activity.
 - Promotional materials may only be displayed in designated exhibit areas in no way, shape or form may distribute any materials inside the education room.
 - Vendor/exhibitors representatives may not engage in promotional activities within the educational space.
 - Vendors/Exhibitors acknowledge that they will not receive the list or details of attendees.
- ACCME Eligibility Statement (check one):

Our organization does NOT produce, market, sell, re-sell, or distribute healthcare goods or services used on patients and therefore does not meet the ACCME definition of an ineligible company.

Our organization is an ACCME defined ineligible company and will complete a Commercial Support Agreement if providing educational funding.

Fees / Payment Information

Vendor Exhibit Fee: \$ _____

Payment Due By: _____

Payment Payable To: Marshall University Joan C. Edwards School of Medicine

Agreement and Signatures

Vendor Representative Name: _____

Signature:

Date:

CME Activity Chair

CME Committee Chair
Mohammed Ranavaya, MD, JD, MS
Senior Associate Dean, CME, MUSOM

Date: _____

Date: _____