

**Southeastern Symposium on Mental Health 2018**  
**Mental Health Collaborations: Diversity and Inclusion - Integrating Research, Education and Practice**  
Greenville Health System Department of Psychiatry

**EXHIBITOR AGREEMENT FORM**  
**(Fax Completed and Signed Form ASAP to Fax # 864-455-4540)**

**Company Name** (please print exactly the way it should appear in the brochure):

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**Primary Company Representative:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list other representatives that may be attending:

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**Exhibitor Options**

**Please note that the exhibitor space is located in a separate room from the lectures or within the hallway area, outside of the lecture rooms. If a company representative is also a registrant attending the symposium lectures, the company representative will be asked to remove their name badge and to refrain from asking any questions during the lecture time and Q & A.**

**Exhibit Booth/Table Description- Please check one:**

\_\_\_\_\_ 10 x 10 Premium Booth with Pipe and Drape and a 6' table with 4 chairs. The Prime Booths will be located in the highest traffic areas and nearest to the break beverages. - (\$5,000)

\_\_\_\_\_ 8 x 8 Booth with Pipe and Drape and 6' table with 2 chairs - (\$3,500.00)

\_\_\_\_\_ Table space (6') –Table placed against wall area with 2 chairs - (\$2,500)

**Payment method for exhibit space (Please check one):**

**GHS Department of Psychiatry**  
**Attn: Dr. Sharon M. Holder**  
**Southeastern Symposium on Mental Health**  
**P. O. Box 8563**  
**Greenville, SC 29604**

\_\_\_\_\_ **Payment-in-full enclosed**

\_\_\_\_\_ Will call with Credit Card Information: (Please call 864-455-7808 for Dr. Sharon Holder)  
**Tax ID #47-4930671**

**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 (GHS) 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. Company Representatives will be allowed to attend lectures in the back of the room but are not allowed to wear name badges or ask question.

**Disclosure of Financial Relationships:** Sponsor (GHS) 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 (GHS) 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 (GHS) agree to abide by all requirements of the SCMA Standards for Commercial Support of Continuing Medical Education (appended). Upon request, Sponsor will furnish Company with a report concerning the expenditure of the funds provided.

**Acceptance of Support:** GHS Policy provides that support provided by commercial interests must be approved by the CME Activity Planners and/or Department Chair. GHS is not obligated to provide opportunities to supporters at GHS-sponsored CME activities.

➤ I have read, understand, and agree with the above statements and the attached "Exhibitor Policies" for Southeastern Symposium on Mental Health. **(Please sign below.)**

X \_\_\_\_\_ **Company Representative Signature**

X \_\_\_\_\_  
**Please Print Name (Signed Above)**

X \_\_\_\_\_  
**Company Name**

X \_\_\_\_\_  
**Date**