

## TERMS FOR EXHIBITORS

*Fox Chase Cancer Center is committed to presenting patient and physician education activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, Fox Chase Cancer Center Office of Institutional Advancement has outlined in this written agreement the terms, conditions and purposes of exhibits in conjunction with education activities.*

Activity Title: Together Facing Cancer (circle one) Esophageal/Stomach (2/10/21), Sarcoma (3/2/21), Blood (3/25/21), Head & Neck (4/14/21), Prostate Cancers (5/12/21)

Activity Location: Fox Chase Cancer Center, 333 Cottman Avenue, Philadelphia, PA 19111

Activity Date: \_\_\_\_\_

Provider: Institute for Cancer Research (Federal Tax ID # 23-6296135)

Organization Name: \_\_\_\_\_

Commercial Interest Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Exhibitor Level/Fee:**    **Series Gold Presenting \$5,000**    **Silver Individual \$1,500**    **Custom**

### TERMS, CONDITIONS AND PURPOSES

#### **Independence**

1. The activity is for scientific and educational purposes only and will not promote a specific proprietary business interest of a Commercial Interest.
2. The Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the patient education activity, selection of educational methods and the evaluation of the activity.

#### **Appropriate Use of Commercial Support**

3. The Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Provider to accept advice or services concerning teachers, authors, participants, educational content or other educational matters as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Provider. No other payments shall be given to the Physician Coordinator of the activity, planning committee members, teachers or authors, joint sponsor or any others involved with the supported activity.

#### **Appropriate Management of Associated Commercial Promotion**

6. The Commercial Interest may not be the agent providing the education activity to the learners.

#### **Content and Format without Commercial Bias**

7. Presentations will promote improvements or quality in healthcare and will give a balanced view of therapeutic options.

**Disclosure**

8. The Provider will ensure that the source of support from the Commercial Interest, either direct or in-kind, is disclosed to the participants prior to the beginning of the educational activity. This disclosure will not include the use of a trade name or a product-group message.

**Exhibitor Levels (Please select one):**

**Series Gold Presenting Exhibitor – \$5,000):**

- **Distribution of hand-outs** in packets mailed to registrants one week prior to program (ONE flat giveaway may be included—must fit in 9 x 12” mailing envelope)
- **Unbranded video** providing patient education will be embedded in the program website :30 seconds (pending faculty approval)
- **Faculty interaction:** One representative to participate in a Virtual VIP Reception with Faculty before and separate from the educational program
- **Custom slide** to be shown during the event (Power Point 16:9)
- **Verbal recognition** by Program Director during event
- **Company name and logo** featured as Gold Exhibitor on all promotional materials, invitations (hard copy and digital), website (with hyperlink), hospital monitors and hospital E-News daily publication (logo should be max 200 x 200 in jpg or png format)
- **Social Media – Three mentions** (social posts on Twitter and Instagram will include your company logo and will tag your handle)

**Silver Individual Exhibitor (\$1,500):**

- **Distribution of hand-outs** in packets mailed to registrants one week prior to program (ONE flat giveaway may be included—must fit in 9 x 12” mailing envelope)
- **Faculty interaction:** One representative to participate in a Virtual VIP Reception with Faculty before and separate from the educational program
- Custom slide to be shown during the event (Power Point 16:9)
- **Verbal recognition** by Program Director during event
- **Company name and logo** featured as Silver Exhibitor on all event materials, invitations (hard copy and digital), website (with hyperlink), hospital monitors and hospital E-News daily publication (logo should be max 200 x 200 in jpg or png format)
- **Social Media - One mention** (social posts on Twitter and Instagram will include your company logo and will tag your handle)

**Custom:** To be determined

**AGREEMENT**

***Please forward the completed agreement to:***

Fox Chase Cancer Center  
Attn: Patricia Simpson  
333 Cottman Avenue  
Philadelphia, PA 19111  
Phone: 215-728-4740  
Fax: 215-214-1519  
[patricia.simpson@fcc.edu](mailto:patricia.simpson@fcc.edu)

**PAYMENT**

***Please make check payable to the Institute for Cancer Research (Federal Tax ID # 23-6296135) & mail to:***

Fox Chase Cancer Center  
Attn: Lisa Broida Bailey  
333 Cottman Avenue  
Philadelphia, PA 19111  
To pay by credit card email  
[patricia.simpson@fcc.edu](mailto:patricia.simpson@fcc.edu) or call 215-205-5377