**CHILDREN'S HOSPITAL**
**Continuing Medical Education**
**EXHIBITOR AGREEMENT**

Title of CME Activity: Southern Pediatric Neurology Society

Location: New Orleans, LA
Date:   March 21, 2026

Company Name:  _____
Contact Person:  _____
Person (s) Exhibiting: _____

Address: _____

City:     _____
State:   _____
Zip:      _____

Phone: _____

Email:  _____

**TERMS AND CONDITIONS**
As an accredited provider of continuing medical education, Children's Hospital of New Orleans must ensure the separation of educational activities from promotional activities. Continuing medical education is for scientific and educational purposes only and will not promote any products or services, directly or indirectly.

The exhibitor agrees to adhere to the LSMS Standards for Commercial Support of Continuing Medical Education and guidelines, where applicable, from AMA, ACPE, ANCC, PhRMA, and other relevant entities.

- No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, 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 products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
- Promotional material cannot be displayed or distributed in the educational space immediately before, during or after a CME activity.
- Exhibitors may not engage in sales or promotional activities while in the space or place of the CME activity.

**AGREED BY EXHIBITOR/VENDOR**
Signature: _____          Print Name: _____
Date: _____