

Illinois Medical Directors Association Exhibitor Agreement Form 2019

Thank you for your interest in sponsoring at the 4th Annual Bi-State Conference on PALTC on April 26-28, 2019 at the Marriott St. Louis Grand Hotel in St. Louis, MO. Please complete the form below by March 1, 2019 and submit to Ted Kanellakes at IMDDA@cmsdocs.org or fax, 312-670-3646.

IMDA Tax ID # 36-4192681. Company Name: _____ Representative Name: Phone Number: _____ Email: ____ By signing below your company agrees to be a Platinum Sponsor at the IMDA and MALTCP Bi-State Annual Conference at the rate of \$750. Upon signing this agreement, the Exhibitor and the Illinois Medical Directors Association understand and agree that Chicago Medical Society (accredited provider) policy will not allow the Illinois Medical Directors Association to accept any advice or services from the Exhibitor concerning speakers, authors, participants or other CME matters, including content, as conditions of the exhibit fee, exhibit placement and/or sponsorship selection. In addition, both parties fully understand and agree that this agreement, and therefore the conference, is free from any commercial bias or control due to the separation of the designated exhibitor and sponsorship area, and related activities, from the CME planners, authors, speakers and CME sessions. **Sponsor** Sign Name: _____ Illinois Medical Directors Association: (for office use only) Print Name: (Please make checks payable to the Illinois Medical Directors Association)