June 2010

Dear Vendor,

I am writing to request your support as an exhibitor and/or commercial supporter for the 4th Annual WISER Symposium on Nursing Simulation to be held December 2nd and 3rd at the Pittsburgh Airport Marriott, located just five miles from the Pittsburgh International Airport. Please consider providing grant support for this symposium, sponsoring a breakfast or lunch and/or participating as an exhibitor.

CONFERENCE OVERVIEW

On December 2nd and 3rd, WISER along with the University of Pittsburgh Medical Center (UPMC) will be hosting the 4th Annual WISER Symposium on Nursing Simulation at the Pittsburgh Airport Marriott. Participants who complete the course will be able to:

- Describe unique approaches in simulation methods for graduate, undergraduate and professional nursing educators
- Review recent advances in simulation research and education
- Participate in interactive sessions and realistic simulation vignettes

EXHIBITOR INFORMATION:

As an exhibitor, you will enjoy maximum visibility of 300 nurses, nurse leaders, CRNA’s and nursing educators to promote your company, products, solutions and services. To purchase an exhibit space, contact Dan Battista at 412-648-6073 or battistads@upmc.edu.

The cost for exhibit space is $750

EDUCATIONAL GRANT:

LEVEL OF SPONSORSHIP

Those providing grant support for this program will receive recognition commensurate with the level of support. Please choose among the three levels of support:

- Platinum Level: $10,000
- Gold Level: $ 7,500
- Silver Level: $ 5,000

Please indicate your support by checking the appropriate box

Complete and return our enclosed standard letter of agreement to Dan Battista at the address listed below or fax to 412-648-6190. Should your company require us to use your standard letter of agreement instead, address the agreement to University of Pittsburgh. If applicable, upon receipt of your company’s agreement, the document will be processed through our corporate legal counsel and if found acceptable
signed by Barbara Barnes, MD. Please note agreements written with a request for the adherence to laws and other statutes from states or commonwealths other than Pennsylvania must be edited out or amended for Pennsylvania for our consummation. Once we return your signed agreement, we ask for a return of a countersigned copy of the letter of agreement accompanied by the grant check sent to my attention, at least two weeks prior to the date of the activity. Make check payable to the University of Pittsburgh. Our tax identification number is 25-0965591. All commercial support will be acknowledged in the course syllabi distributed to attendees on site. *This educational grant does not include the opportunity to exhibit.*

**CONTINUING EDUCATION CREDIT**

Contact hours of continuing nursing education will be granted by the University of Pittsburgh School of Nursing. The University of Pittsburgh School of Nursing is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**CONDITIONS**

We understand that your company in no way will control the content of this symposium. Don’t miss the chance to be a part of the *4th Annual WISER Symposium on Nursing Simulation!* Exhibitor spots are available but limited and reserved on a first-come, first-served basis. Upon receipt of your exhibitor application form, we will send you our exhibitor’s guidelines and Disclosure Form.

Please review the enclosed information and take a few minutes to sign up for an exhibitor opportunity.

Apply by **November 20, 2010** to take full advantage of the exhibitor opportunities.
If you have any questions or would like further information about the *4th Annual WISER Symposium on Nursing Simulation*, please contact us at 412-648-6073 or [battistads@upmc.edu](mailto:battistads@upmc.edu).

We very much appreciate your consideration and request your help to make this the best symposium ever.

Best Regards,

Dan Battista, MBA
Director of Administration
Peter M. Winter Institute for Simulation for Education and Research (WISER)
230 McKee Place, Suite 300
Pittsburgh, PA 15213
These documents, herein termed the Terms and Conditions and Contract for Exhibitors, are in support of the Center for Continuing Education in the Health Sciences (CCEHS) Industry Exhibitor Policy which supports the UPMC / University of Pittsburgh Schools of the Health Sciences Industry Relationship policy, http://www.coi.pitt.edu/IndustryRelationships/index.htm. The decision to solicit industry support in the form of exhibits for continuing education (CE) activities is the decision of the SOHS and the UPMC. Exhibiting at CE activities sponsored by these organizations requires pre-approval of the CCEHS.

Exhibitor Responsibilities
1. Each exhibitor, this includes each individual, is required to complete the online training module, https://cme.hs.pitt.edu/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=3684
2. Complete and return the Exhibitor Contract with payment for the displaying opportunity to the UPMC / SOHS sponsoring department.
3. Exhibitors must set-up and tear-down their displays during the approved dates and times and following the directions set by the conference staff and the venue management.
4. Exhibitors may provide informational materials to conferences attendees at the educational event.
5. Exhibitors may dialogue with conference attendees during the designated exhibit hall times and during meal breaks. Exhibitors may not distribute gifts of any kind (e.g. pens, note pads, golf balls, gift baskets, etc.).
   a. Exhibitors must be open to interacting with all activity attendees without preference.
   b. Exhibitors are restricted from discussing promotional matters to activity attendees or course faculty within the educational setting.
6. Exhibitors are restricted from congregating near the meeting room where the educational activity occurs.
7. Exhibitors must check-in with the conference staff at the activity registration table.
8. Each exhibiting representative must obtain and wear a conference name badge identifying the individual as an exhibitor.

CCEHS reserves the right to re-locate and adjust the exhibit hall or to restrict or adjust the permissions. Company representatives in violation of the contract and or Terms and Conditions are subject to eviction from the conference and exhibit hall with forfeiture of the exhibit fee. The CCEHS reserves the right to cancel this conference and will refund exhibit fees in their entirety.

The UPMC/SOHS sponsoring department will return via fax, mail or email the approved agreement. UPMC/SOHS reserves the right to deny exhibiting opportunities based on the needs of the educational activity or in support of certain institutional policies.
Course Name: The 4th Annual WISER Symposium on Nursing Simulation
Course Date: December 2 and 3, 2010
Location: Pittsburgh Airport Marriott
Course Director: 
Course Director’s phone number: 
CCEHS Course #: 
Exhibit Costs: $750

This Terms and Conditions Exhibitor Contract / Application is entered into as of this date, ____________, between the UPMC / SOHS (WISER) and _______________ (Company) for the purpose of exhibiting at the 4th Annual WISER Symposium on Nursing Simulation, December 2-3, 2010 at the Pittsburgh Airport Marriott. This form is not for use in the provision of a grant.

(Please Type or Print Legibly)

*AUTHORITY COMPANY (Third Party Agencies excluded)

| Company Name: | 
| Headquarters’ Address: | 
| City: | State: | ZIP: | 
| Telephone Number: | Fax Number: | 
| E-mail Address: | 
| Web Address: |

*CONTACT INFORMATION

| Company Name: | Division: | 
| Local Contact Representative: | 
| District Manager: | 
| Division Address: | 
| City: | State: | ZIP: | 
| Telephone Number: | Fax Number: | 
| Cell Phone Number: | 
| E-mail Address: | 
| Web Address: |

*Only applications completed in entirety are considered for approval.

AMOUNT OF EXHIBIT SPACE

(check one) 

□ One table top for $750

Exhibit fee is required to accompany this contract / application.

METHOD OF PAYMENT

Personal checks, company checks, and credit cards are acceptable forms of payment of the exhibit fee.

Checks
Make checks payable to WISER. The tax id number for WISER is 23-2919472.

If your personal or employer check is arriving under separate cover, you may send or fax in your completed contract/application form now, but you must complete the Credit Card Payments section below with valid credit card information in order to hold your reservation. If the check payment is not received by four weeks post course, we will charge the fee to the credit card number provided.
Credit Card Payments

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Credit Card No.____________________________
Expiration Date (Month/Year)_________________
Signature _________________________________

Enclosed payment amount $____________________

The CCEHS reserves the right to refuse any applications based on the Terms and Conditions and Exhibitor Policy.

FINAL CONTRACT
The Company must complete, sign, and return this application to the CCEHS. The CCEHS will review and either approve or decline the application. Until accepted by CCEHS, this contract shall constitute only an application to exhibit by Company. The CCEHS acceptance of Company’s this application to exhibit shall be evidenced by its signature below, at which time this contract shall become binding. The signed copy of the contract will be faxed to Company along with the CCEHS Exhibitor Information form.

Title __________________________________________________________________________ Date ______________

Authorized Company Representative’s Signature

Title __________________________________________________________________________ Date ______________

Authorized CCEHS Signature

Return the Contract / Application by fax or mail by November 20, 2010.

Fax: (412) 648-6190

Mail: WISER
230 McKee Place
Suite 300
Pittsburgh, PA 15213

FOR USE BY CCEHS ONLY

Application receipt date

Payment receipt date

☐ Accepted
☐ Declined