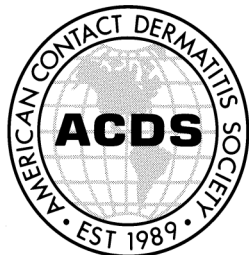


American Contact Dermatitis Society

2323 North State Street #30
Bunnell FL 32110

Phone: (386) 437-4405
Fax: (386) 437-4427
Email: info@contactderm.org



28th Annual Meeting Highlights

The ACDS Annual Meeting is a full day meeting held one day prior to the first day of the American Academy of Dermatology's Annual Meeting.

28th Annual Meeting

- It is the 28th Annual Meeting of the ACDS !

Roundtable Luncheon ...

- The 2017 Annual Meeting will feature a Roundtable Luncheon sponsored by Dormer/Chemotechnique
- 8th Annual Contact Allergen Bee sponsored by *Dermatitis*

Breakfast Symposium

- A pre-meeting breakfast symposium on plus the ACDS Membership Meeting.

AM & PM Breaks

Exhibits and Posters

- Exhibits from leading pharmaceutical and manufacturing companies available plus poster abstracts. All breaks are served in exhibit area.

Annual Cocktail Reception

- Network and socialize with leaders in the field at the cocktail reception following the meeting sponsored.

28th Annual Meeting American Contact Dermatitis Society Invitation to Exhibit—March 2, 2017



The American Contact Dermatitis Society is pleased to present an exhibit program in conjunction with its 28th Annual Meeting. The exhibit program will provide the physicians with first-hand information about products and services specific to the area of contact dermatitis and serve as a forum for updating the physician's knowledge of current technological advances in the field.

The ACDS Annual meeting offers you the opportunity to bring your products to the attention of over 225 physicians and specialists from all over the world in the field of contact and atopic dermatitis and occupational dermatology. Exhibit space will be shared with the Council for Nail Disorders for a total of over 300 attendees..

Exhibit Information

The exhibit program will be limited to **TABLE TOP EXHIBITS**. You will be provided with one - 6' covered table, two (2) chairs, and an identification sign. There is **no** provision for drain, water, electricity or permanent installations of any kind. Your display must fit on a 6' table. If you have a large piece of equipment to display you may place it directly behind or in front of your table.

LOCATION

Florida Ballroom 2/3. Coffee breaks will be served in the exhibit area. Poster presentations will also be located in the exhibit room.

EXHIBIT DATES AND HOURS

Set-Up

Thursday, March 2 6:30am - 7:30am

Display Times

Thursday, March 2 8:30am - 4:00pm

Removal

Thursday March 2 4:00pm - 5:00pm

CRITERIA FOR ACCEPTANCE

Permission to exhibit may be granted to firms only if their proposed exhibit meets the following criteria:

- ◆ The products or services relate specifically to the medical and scientific aspects of the practice of contact dermatitis and/or dermatology;
- ◆ The product or services to be displayed are safe when used in accordance with the instructions or recommendations of the applicant;
- ◆ The product or services are capable of safely performing in accordance with the claims made by the applicant;
- ◆ The products or services to be displayed contribute significantly to the educational purposes of the Annual Meeting.
- ◆ Products and/or services that may be considered competitive to similar ones provided by ACDS, are not allowed to exhibit at the ACDS sponsored meetings.

REVIEW PROCESS

Applications will be reviewed by the Secretary-Treasurer to determine whether they satisfy the Criteria for Acceptance.

- ◆ Each applicant must supply specific information concerning the products or services to be displayed.
- ◆ When deemed necessary, additional supporting data may be requested from the applicant.
- ◆ Permission to exhibit will in no way constitute an official endorsement of any firm or their products or services.

ASSIGNMENT OF SPACE

Space will be assigned on a first-come, first served basis. In order to be considered for first assignment of space, applications must be returned by **January 15, 2017**. No numbers will be assigned. Tables will be labeled with the exhibitor's company name.

EXHIBIT FEES

Exhibit fees are \$1,500.00 per table. This fee includes:

- ◆ One - 6' covered table
- ◆ Two (2) chairs
- ◆ Identification sign
- ◆ Complimentary registration for two representatives with admission to :
 - ◆ Scientific Sessions
 - ◆ Breakfast & Coffee Breaks
 - ◆ Cocktail Reception

TERMS OF PAYMENT

Table top fees are \$1,500.00 per table. Full payment in US funds of \$1,500.00 must be submitted with the application for exhibit space. No application will be processed or space assigned until the full payment is received. Space must be fully paid for by **January 15, 2017**. If assigned space is not paid for by January 15, 2017, it may be reassigned or cancelled.

No refunds will be made in the event of cancellation after **January 15, 2017**

The acceptance of payment by the American Contact Dermatitis Society with an application does not in any way constitute acceptance of the application. If an application is subsequently denied, a full refund of the table top fee will be made promptly.

REGISTRATION

Registration forms will be sent to each exhibiting company with their exhibitor confirmation. These forms should be returned **no later than February 15, 2017**. No exhibitor will be admitted to the exhibit area without an exhibitor's badge and ribbon. Each exhibitor is allowed (2) registrations per table top without charge. Additional representatives may be registered at a fee of \$100 each.

HOTEL INFORMATION

Hilton Orlando
6001 Destination Parkway
Orlando, FL 32819 USA

RULES AND REGULATIONS

For your own protection be sure to read the exhibitor rules and regulations outlined in this Invitation to Exhibit. Also it is important to review these terms and conditions, as well as any general information with your exhibitor representative who will be staffing your exhibit on-site.

SUBLETTING/SHARING OF SPACE

No part of any exhibit space assigned to an exhibitor may be reassigned, sublet or shared with any other party by that exhibitor.

INSURANCE

It shall be the responsibility of the Exhibitor to maintain such insurance covering personal injury and/or property damage or loss in such amounts as the Exhibitor shall deem adequate. Neither the ACDS, its Joint Provider Florida International University Herbert Wertheim College of Medicine, nor the Hilton Orlando will provide insurance protection for the Exhibitor.

SECURITY

Security of products and materials is the responsibility of the exhibitors. **Watchman service will be provided during hours of the exhibition but cannot guarantee security of individual exhibits.**

SHIPPING

Shipping details will be sent.

LIABILITY AND INDEMNIFICATION

The exhibitor will be fully responsible for any claims, liabilities, losses, damages or expenses relating to or arising out of any property of exhibitor or any other property where such injury, loss or damage is incident to, arises out of, or is any way connected with exhibitor's participation in the ACDS, its officers, directors, agents and employees, Florida International University Herbert Wertheim College of Medicine and its agents, servants, and employees, and the Hilton Orlando and its agents, servants, and employees from and against any and all such claims, liabilities, losses, damages and expenses; provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence or willful misconduct of the ACDS, its officers, directors, agents or employees of the hotel or its agents, servants or employees.

In case any part of the exhibition hall is destroyed or damaged so as to prevent the ACDS from permitting an exhibitor to occupy assigned space during any part or the whole of the exhibition period, or in case occupation of assigned space during any part or the whole of the exposition period is prevented by strikes, Acts of God, national emergency or other cause beyond the control of the ACDS, the exhibitor will be charged for space only for the period the space was or could have been occupied by exhibitor; and the exhibitor hereby waives any claim against the ACDS, its directors, officers, agents, or employees for losses or damages which may arise in consequence of such inability to occupy assigned space.

APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

This activity is CME certified, therefore, I bring your attention to the following Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support:

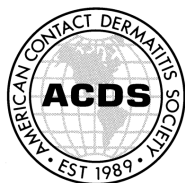
Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

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 same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Commercial interests **may not** engage in sales or promotional activities while in the space or place of the CME activity.

INTERPRETATION AND APPLICATION OF RULES & REGULATIONS

All matters in question not specifically covered by these rules and regulations are subject to the decision of the ACDS through the Board of Directors.

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If you would like more information on sponsorships contact ACDS at info@contactderm.org or call (386) 437-4405.

APPLICATION / CONTRACT FOR EXHIBIT SPACE

AMERICAN CONTACT DERMATITIS SOCIETY 28th Annual Meeting

March 2, 2017

The Hilton Orlando, 6001 Destination Parkway, Orlando, FL 32819

COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____ EMAIL _____

PHONE _____ FAX _____

CONTACT (person to whom contract and meeting information should be sent):

Name/Title

PRODUCT DESCRIPTION (250 character limit, includes spaces) _____
(Use separate sheet if needed)

Table top exhibit	Cost	
6' table top exhibit space	\$1,500	_____
Additional registrations (please send names on additional sheet)	\$ 100 (each)	_____

Open Sponsorship Opportunities	Cost	
Support is separate from exhibit fee.		
General Meeting Support		
Platinum Level	\$23,500 +	_____
Gold Level	\$8,500-23,500	_____
Silver Level	\$5,000-8,500	_____
Bronze Level	\$2,500-4,999	_____
Patron	\$1,000-2,499	_____
Breakfast Meeting	\$8,500	_____
Breaks (AM or PM)	\$5,000	_____
Other		_____

TOTAL _____

We/I agree to pay the total fee of \$1,500.00 US dollars plus any additional registration or sponsorship fees by **January 15, 2017**. We/I agree to abide by all the regulations set forth in the accompanying brochure, which is made part of this contract, and to all conditions under which the exhibit space in the meeting hotel is leased to the American Contact Dermatitis Society. No refund of any payment will be allowed for voluntary cancellation after **January 15, 2017**.

Payment Information:

Check, made payable to: **American Contact Dermatitis Society**

Keep a copy of the application and return the original to:

American Contact Dermatitis Society
2323 North State Street #30
Bunnell FL 32110
Fax: (386) 437-4427

We're on the web!
www.contactderm.org

Continued on next page.

Credit Card Payment

THE SUPPORTER WISHES TO PROVIDE COMMERCIAL SUPPORT FOR

Exhibit Space Support _____

Please charge to my _____ MasterCard _____ VISA

Name as it appears on your card (please print)

Card Number

Exp. Date Signature of Card Holder (REQUIRED)

I understand that if I reserve exhibit space and do not show to claim such space, the exhibit fee is not waived and is due and payable to the American Contact Dermatitis Society.

We/I agree to pay the total fee of \$1,500.00 US dollars plus any additional registration or sponsorship fees by **January 15, 2017**. We/I agree to abide by all the regulations set forth in the accompanying brochure, which is made part of this contract, and to all conditions under which the exhibit space in the meeting hotel is leased to the American Contact Dermatitis Society. No refund of any payment will be allowed for voluntary cancellation after **January 15, 2017**.

In connection with your participation, please sign and return a copy of this agreement to acknowledge that you agree to hold our joint provider, **Florida International University Herbert Wertheim College of Medicine, the American Contact Dermatitis Society and the Hilton Orlando** harmless from any liability, damages, or costs (including reasonable attorneys' fees) that may arise as a result of your exhibiting at this CME activity. Without limiting the breadth of this hold harmless agreement, you acknowledge that it shall extend to include the loss, damage, or theft of any equipment or materials you bring to the conference site as well as injuries that any of your employees or agents may incur.

Again, thank you for your participation in what will be a successful conference. Please return by email or fax.

I acknowledge and agree to the hold harmless provisions set forth in this letter.

Please signify your acceptance of these guidelines

_____ I acknowledge the Exhibitor/Commercial Support Representative Guidelines as presented above (page 3) and agree hat I will abide by those guidelines.

Signature

Date

Print Name

Company Name