



Illinois Medical Directors Association

Exhibitor Agreement Form 2018

Thank you for your interest in exhibiting at the 8th Annual Conference & Meeting on September 21-22, 2018 at the Double Tree Hotel, Oak Brook, IL. Please complete the form below by September 7, 2018 and submit to Theodore Kanellakes at IMDA@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 exhibit at the IMDA Annual Conference & Meeting at the rate of **\$750** per table.

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.

Exhibitor:

Print Name: _____

Sign Name: _____

Date: _____

Illinois Medical Directors Association: (for office use only)

Print Name: _____

Sign Name: _____

Date: _____

(Please make checks payable to the Illinois Medical Directors Association)