

# Vendor Prospectus

**“Pain Society of Oregon Monthly Meetings”**



For More Information  
Call: (541) 345-7300  
Email [info@painsociety.com](mailto:info@painsociety.com)

# EXHIBITOR INFORMATION

The Pain Society of Oregon (PSO) would like to invite you to display at our Monthly Meetings held in Eugene and Portland, Oregon. Meetings sponsored by the PSO are fully accredited, providing continuing medical education credits to physicians, nurses, pharmacists, psychologists, acupuncturists, dentists, naturopathic physicians, chiropractic physicians, physical therapists, occupational therapists, and other allied health care professionals.

At our Monthly Meetings you will have the opportunity to market your business to multi-disciplinary healthcare professionals. Each meeting draws 40-70 attendants per month.

## Exhibiting

Exhibits at our monthly meetings are \$250 per month. Exhibit space is limited to 2 or 3 tables per city per meeting.

Exhibits include a 6' or 8' table depending on location and vendor need, a chair, one complimentary meeting registration including meeting materials, dinner, and a copy of the sign-in sheet sent after the meeting is completed.

## Eugene Meetings

All meetings are held on the third Wednesday of the month from and 6:00-8:30 p.m. Exhibitors must be set up by 6:00 p.m. We do not meet in July or August. Meetings are located at the **Downtown Athletic Club, 999 Willamette Street, Eugene, OR 97401.**

## Portland Meetings

All meetings are held on the third Tuesday of the month from 6:00-8:30 p.m. Exhibitors must be set up by 6:00 p.m. We do not meet in July and August. Meetings are located at the **Red Lion Hotel - Convention Center, 1021 NE Grand Ave, St. Johns Room, 6th Floor, Portland, OR 97205.**

## Electricity

There is limited access to electricity. Please let us know in advance if your table needs power.

## Shipping

Shipping arrangements vary between Eugene and Portland. If you plan to ship items to the monthly meeting venue, please contact us at (541) 345-7300 to make the necessary arrangement. Additional fees may be assessed.

## Contact

If you are interested in exhibiting and have any questions, please contact us at (541) 345-7300 or [info@painsociety.com](mailto:info@painsociety.com). We want your exhibit to be a successful and enjoyable experience.

# Sample Agenda\*

5:30-6:00 p.m.	Vendor Setup
6:00-6:30 p.m.	Vendor Display / Informal Networking
6:30-6:45 p.m.	Pain Society Business
6:45-8:00 p.m.	Educational Presentation
8:00-8:30 p.m.	Vendor Display / Q & A, award CE certificates
8:30-9:00 p.m.	Vendor Breakdown

## To Apply for Exhibit Space

### Please complete the following steps:

- Contact us with any questions at (541) 345-7300 or [info@painsociety.com](mailto:info@painsociety.com)
- Fill out and sign the Written Agreement for Commercial Support
- Include Payment of Check (payable to the Pain Society of Oregon) or complete Credit Card Payment form
- Make a copy for your records
- Send the completed forms by email [info@painsociety.com](mailto:info@painsociety.com) fax, 800-763-6814, or mail, Pain Society of Oregon, 60 S Garden Way, Suite 101, Eugene OR 97401

Our Tax ID # is: 93-1287233.



**Written Agreement for Commercial Support through Exhibit Display**

<b>Title and date of CME Activity:</b> Pain Society of Oregon Monthly Meeting – Eugene Chapter. November 17, 2010
<b>Activity Location:</b> Downtown Athletic Club – Eugene Oregon
<b>NAME of Commercial Interest (company’s name):</b>
<input type="checkbox"/> <b>YES, We have enclosed our exhibit fee of \$ <u>250.00</u></b> <input type="checkbox"/> <b>NO If no, please let us know when we may expect to receive this check.</b> _____ <input type="checkbox"/> <b>My fee is waived due to a Grant through our company</b>

The **Commercial Supporter and SHMC** agree to abide by all requirements of the **Accreditation Council for Continuing Medication (ACCME) Standards for Commercial Support of Continuing Medical Education.**

**Independence:**

- This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial interest.
- SHMC is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and the evaluation of the activity.

**Appropriate Use of Commercial Support:**

- SHMC will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
- The Commercial Interest will not require SHMC to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- All commercial support associated with this activity will be given with the full knowledge and approval of SHMC. No other payments 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.

**Commercial Promotion:**

- Product promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education 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.
- The Commercial Interest may not be the agent providing the CME activity to the learners.

**Disclosure:**

- SHMC will ensure that the source of support from the Commercial Interest, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgement of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

<b>EXHIBIT FEE SHOULD BE MADE PAYABLE TO:</b> Pain Society of Oregon  <b>RETURN COMPLETED APPLICATION &amp; CHECK TO:</b> Pain Society of Oregon 360 S Garden Way, Suite 101 Eugene OR 97401	<b>Name of Commercial Interest:</b> _____ <b>Contact person/title:</b> _____ <b>Contact’s Address:</b> _____ _____ <b>Phone</b> _____ <b>Fax</b> _____ <b>E-mail:</b> _____
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<b>Commercial Interest</b>  _____ Signature, Title and Date	<b>Sacred Heart Medical Center(or Activity Coordinator)</b>  _____ Signature, Title and Date
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Hold Harmless Clause: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save Sacred Heart Medical Center and their employees and agents harmless against all claims, losses and damages to persons and property, governmental charges or fines and attorneys fees incurred by this exhibit. All personal property of the exhibitor shall be and remain at the exhibitor's sole risk. Small or easily portable objects of value should be properly secured or removed after exhibition hours and placed in safekeeping.

# Credit Card Payment Form

Check (Payable to the Pain Society of Oregon)

Visa, Mastercard, Discover, AmEx

<b>Type of Card:</b>		<b>Name on Card:</b>	
<b>Credit Card Number:</b>		<b>Expiration Date</b>	<b>CCV*</b>
<b>Billing Address (If different than on Written Agreement for Commercial Support):</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	

\*3 numbers near signature, 4 numbers in front on AmEx

I \_\_\_\_\_, the authorized cardholder of the above credit card, agree to have the Pain Society of Oregon deduct sponsorship fees from my credit card account in the amount of \_\_\_\_\_ . Date \_\_\_\_\_.