

New for 2015

Limited Exhibit Opportunities at the KAEPS Fall Meeting

EXHIBITOR PROSPECTUS

2015 Fall Meeting

Comprehensive Ophthalmology Conference



**Kentucky Academy of Eye Physicians
and Surgeons (KAEPS)**

August 29, 2015

Kentucky Lion's Eye Institute
Louisville, KY

EXHIBITOR PROSPECTUS

Sponsorships and Exhibits – there is limited space for exhibits on a first come/first serve basis

The following sponsorships are available for the meeting:

Diamond Sponsor – \$10,000

Platinum Sponsor - \$5,000

Gold Sponsor - \$3,500

Silver Sponsor - \$2,500

Sponsorships include priority exhibit space based on sponsorship level as well as special advertising in the meeting materials.

Tax Identification Number

The KAEPS Tax ID number is: 61-0983968.

Exhibit Package Includes

The exhibit fee includes the cost of the exhibit space, 1 table, 2 chairs, and the attendance of 2 representatives.

Educational Grants

KAEPS appreciates all financial support of our educational programs. In accordance with ACCME standards, all CME programs will be operated independently and without influence or control from other supporting organizations. Supporting organizations shall not influence or control the program planning, program content, or execution of the activity; the program must be free of commercial bias for or against any product; and any product discussion must be objective, balanced and scientifically rigorous. Corporate sponsors may not engage in promotional activities in the CME program location or in the CME materials, and no promotional materials may be disseminated during the CME activities in the CME meeting room.

Exhibitor Listing

All exhibitors and their level of sponsorship will be published in the registration information provided to the physicians. Exhibit space preference will be assigned according to level of sponsorship and date application and payment is received.

Payment For Space

The enclosed contract must be completed and returned to the KAEPS Office. All space contracted for must be paid in full by August 1, 2015. There will be no refunds for canceled booths after August 1, 2015.

Physical Assistance

Those attendees who need additional assistance should contact the KAEPS Office at 866-328-0554 so that appropriate arrangements can be made.

Further Information

For further information, please call the KAEPS Office at 866-328-0554 or contact Kim Williams at kwilliams@thecorydongroup.com.

Tentative Agenda

11:00 – 1:00	ICD-10 Webinar with the AAO
1:00 - 1:15	Break / Light Lunch
1:15 - 1:45	KAEPS Business Meeting and Awards Presentation Charles C. Barr, M.D. Resident Awards
1:45 - 2:00	Resident, University of Louisville Department of Ophthalmology and Visual Sciences
2:00 – 2:15	Resident, University of Kentucky Department of Ophthalmology and Visual Sciences
2:15 - 2:30	Break
2:30 - 3:30	Legislative Update - MMLK, KAEPS Lobby Team and Sen. Alvarado

Rules and Regulations - Special Information

1. In accordance with ACCME standards, KAEPS will conduct all CME programs independently and without influence or control from other supporting organizations. Supporting organizations shall not influence or control the program planning, program content, or execution of the activity; the program must be free of commercial bias for or against any product; and any product discussion must be objective, balanced and scientifically rigorous. Corporate sponsors may not engage in promotional activities in the CME program location or in the CME materials, and no promotional materials may be disseminated during the CME activities in the CME meeting room.
2. Representatives of commercial supporters may attend an educational activity, but they may not engage in sales activities while in the room where the educational activity takes place. Please remember if you attend the physician education seminar, you **MUST** remove your nametag while in the room.
3. As a vendor, you are not allowed to ask questions or make comments regarding the presentations while in the meeting room. There can be NO selling or promotion by vendors in the meeting room.
4. In accordance with the AMA's guidelines on [*Gifts to Physicians from Industry*](#) and the ACCME *Standards for Commercial Support* funding from industry to underwrite the costs of CME conferences or professional meetings should be made to KAEPS and not to individual physicians. Subsidies from industry should not be accepted to pay for the costs of travel, lodging, or other personal expenses of the physicians who are attending CME conferences or meetings. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a continuing medical education conference or meeting.
5. Organizations that provide financial support may be recognized. Such corporate or foundation recognition regularly occurs in publications and other appropriate forums. Recognition does not include any reference to the organizational products. The institutional acknowledgment may state the name, mission and areas of clinical involvement of the company or institution, and it may include corporate logos and slogans if they are not product promotional in nature.

**APPLICATION - CONTRACT FOR EXHIBIT SPACE
KAEPS 2015 FALL MEETING**

The undersigned hereby applies for exhibit space at the 2015 Fall Meeting and Scientific Seminar of KAEPS subject to acceptance by the Associations.

The undersigned hereby selects the following sponsorship:

- Diamond Sponsor – \$10,000
- Platinum Sponsor - \$5,000
- Gold Sponsor - \$3,500
- Silver Sponsor - \$2,500

We understand that all booths must be paid in full by August 1, 2015 and that no refunds will be permitted after August 1, 2015. Each fee includes one (1) 5' table, two (2) chairs and the attendance costs for two (2) representatives.

It is agreed that failure on the part of the exhibitor to meet booth payments in full shall automatically forfeit all rights, privileges, and claims of any nature the exhibitor has or may have, including the forfeit of any payments previously made. The undersigned agrees to abide by the official show Rules and Regulations of the Annual Meeting as listed on the reverse of this contract.

Firm: _____
(As it will appear in the program)

In 25 words or less, please describe your company's products or services: _____

Street Address: _____

City, State, Zip: _____

Contact Person: _____

Telephone Number: () _____

Contact Email: _____

Representatives/email to be attending: _____

Signature: _____

Name: _____ Title: _____

Please return with a check made payable to the Kentucky Academy of Eye Physicians and Surgeons, 125 W. Market Street, Suite 300, Indianapolis, IN 46204.