



About USM and Information for Exhibitors/Supporters

What is USM? Updates in Sleep Medicine is the premiere sleep conference in the Midwest. Sponsored by Clayton Sleep Research Foundation and Saint Louis University School of Medicine, USM celebrates its 13th year on Friday-Saturday, October 16-17, 2015.

Who attends USM? This conference attracts over 300 primary care physicians, specialty physicians, registered nurses, respiratory therapists, polysomnographic sleep technologists, and hospital administrators.

Why is this conference so popular? Along with featuring presentations from the top minds in sleep medicine, historically the conference has offered up to 11.0 hours of continuing education credits through the Saint Louis University School of Medicine, Saint Louis University School of Nursing (Missouri Nurses Association, an accredited provider by the American Nurses Credentialing Center's Commission on Accreditation), the American Association for Respiratory Care, and the American Association of Sleep Technologists.

As an exhibitor or supporter, what should I expect at the conference: USM is held at The Ritz-Carlton, St. Louis, a quick trip from St. Louis Lambert International Airport and Interstate 64 in the boutique area of Clayton, Missouri.

If you are from out of town, we suggest you take advantage of the group rate of \$199 a night offered at The Ritz-Carlton, St. Louis. Parking is not included in the room rate. Self-parking is \$5 per day with in and out privileges. Overnight parking is \$15.

Your conference participation includes meals and beverages served during the conference. You are also welcome to attend any of the education sessions.

As you can tell from the tentative agenda in this packet (page 3), the conference is fast-paced. Even so, we've never had exhibitors complain that they didn't have enough time with participants. In fact, many have remarked that the timing leads to more fruitful and focused conversations with participants. Also, the Exhibit Hall is located directly outside of the Conference Hall and is where meals are served making it impossible for attendees to miss you!

If you have decided to contribute to USM as a supporter, thank you. Please know that your contribution makes this conference possible. Your financial support includes a number of perks (see page 4) but does not include exhibit space. Please submit the Exhibitor Agreement to secure space in the Exhibit Hall.

If you are sending your exhibit/marketing materials for the conference, make sure the shipment is received at The Ritz-Carlton, St. Louis before 5:00 p.m. on Wednesday, October 14, 2015. The cost to receive items at The Ritz-Carlton, St. Louis is \$5 per box. Follow the instructions on the credit card authorization form on page 13 to arrange payment for the boxes, access to electricity for your booth, and any other expected needs. Label all packages with the following information: The Ritz-Carlton, St. Louis C/O: Kelly McLain 100 Carondelet Plaza, St. Louis, MO 63105 Hold For: Vendor Name/Updates in Sleep Medicine. Your package will be placed at your exhibit space by 7:00 a.m. on Friday, October 16, 2015.

Please read the rest of this packet for more information on being a USM Exhibitor or Supporter. If you have additional questions, please contact conference coordinator Elizabeth Davis at 314-536-8928.



2015 Updates in Sleep Medicine Commercial Support Kit

Contents:

- Tentative Conference Agenda
- Support Opportunities
- Saint Louis University Support Agreement (ACCME requirement)
- Updates in Sleep Medicine Exhibitor Agreement

Important Information:

- All supporters of the 2015 Updates in Sleep Medicine Conference are **REQUIRED** by our CME provider, Saint Louis University School of Medicine (SLU) CME Program, to complete documentation to receive approval for support. The documents provided in this packet are SLU-approved templates for grant support. Grant support can be in the form of education grants or in-kind commercial support. All letters of agreement (LOA), either the SLU template or a company LOA, will be reviewed by SLU officials. Once the form is reviewed, approved, and signed, you will receive a signed copy. Please note, support for the USM Conference is not approved until SLU has a fully executed copy on file. The fully executed copy must be on file in the SLU CME office before September 18, 2015 because the review process can take up to four weeks. Forms and payments should be sent to: USM/Clayton Sleep Research Foundation c/o conference coordinator Elizabeth Davis, 7711 Bonhomme Ave. Suite 505, St. Louis, MO 63105. USM will submit all forms to the SLU CME Office. **USM requires completed LOAs for commercial support from supporting companies no later than September 18, 2015.**
- If using the SLU template provided, please select the form that fits your tax status: non-profit support or support below \$25,000. Contact SLU CME Program Coordinator Tammi Mooshegian at (314) 977-7401 for information on how to provide support above \$25,000.
- Exhibit space is available at the 13th Annual Updates in Sleep Medicine Conference. An exhibitor application is required to secure space. Exhibit forms must be fully executed prior to the start of the activity. Please refer to the exhibit form, "Updates in Sleep Medicine Exhibitor Agreement" for details about fees and what is included in your participation. This agreement is not contingent on grant support. **USM requires completed exhibit applications no later than September 25, 2015.**
- **All representatives attending USM must register online.** A promotion code for each supporter will be issued after all completed forms and payments are received. Additional conference information, including registration and hotel accommodations, is available at www.sleepupdates.org or by calling the USM conference coordinator Elizabeth Davis at 314-536-8928 or via email at edavis@blacktwigllc.com.



2015 Updates in Sleep Medicine Conference

The Ritz-Carlton, St. Louis
100 Carondelet Plaza, St Louis, MO 63105

Tentative Agenda

Friday, October 16, 2015

- 7:30 - 8:15 a.m. Exhibitor Set Up, Registration begins
- 8:15 a.m. Exhibits Open
- 8:45 - 9:00 a.m. Opening Remarks
- 9:00 - 10:15 a.m. Session
- 10:15 - 10:30 a.m. Break
- 10:30 - 11:45 a.m. Session
- 11:45 a.m. - 12:15 p.m. Lunch

Pediatric Sleep Mini-Symposium

- 12:15 - 1:30 p.m. Session
- 1:30 - 2:00 p.m. Session
- 2:00 - 2:15 p.m. Break
- 2:15 - 3:30 p.m. Session
- 3:30 - 4:00 p.m. Q and A

- 4:00 - 4:15 p.m. Break
- 4:15 - 5:30 p.m. Session
- 5:30 - 6:00 p.m. Break
- 6:00 - 7:00 p.m. Conference Reception

Saturday, October 17, 2015

- 6:45 - 7:30 a.m. Breakfast
- 7:30 - 8:45 a.m. Session
- 8:45 - 9:00 a.m. Break
- 9:00 - 10:15 a.m. Session
- 10:15 - 11:05 a.m. Break
- 11:05 a.m. - 12:20 p.m. Session
- 12:20 - 12:30 p.m. Closing Remarks; Attendance Prizes
- 12:30 - 1:30 p.m. CME and CNE affidavit collection for physicians, nurses, nurse practitioners, physicians' assistants

AAST and AARC certificates distributed to sleep technologists and respiratory therapists

Exhibits close



USM Supporter Package Benefits

Package		Investment
Faculty Dinner Limited to 1 supporter	<ul style="list-style-type: none"> ▪ Supporter of the exclusive faculty dinner ▪ Two seats at the faculty dinner ▪ Mention in full-page USM promotion ads in <i>Sleep Review</i> ▪ Mention in CSI social media on Facebook and Twitter ▪ Three registrations to the USM conference ▪ Hyperlink to company website from USM website 	\$15,000
Opening Evening Reception Limited to 1 supporter	<ul style="list-style-type: none"> ▪ Supporter of evening reception ▪ Opportunity to distribute materials (at supporter expense) ▪ Recognition at event through introduction and signage ▪ Mention in full-page USM promotion ads in <i>Sleep Review</i> ▪ Mention in CSI social media on Facebook and Twitter ▪ Four registrations to the USM conference ▪ Hyperlink to company website from USM website 	\$8,500
Lunch Limited to 2 supporters	<ul style="list-style-type: none"> ▪ Supporter of one lunch during the USM conference ▪ Opportunity to distribute materials (at supporter expense) ▪ Mention in full-page USM promotion ads in <i>Sleep Review</i> ▪ Mention in CSI social media on Facebook and Twitter ▪ Two registrations to the USM conference ▪ Hyperlink to company website from USM website 	\$5,000
Break Limited to 3 supporters	<ul style="list-style-type: none"> ▪ Supporter of one branded break during the USM conference ▪ Opportunity to distribute materials (at supporter expense) ▪ Mention in full-page USM promotion ads in <i>Sleep Review</i> ▪ Mention in CSI social media on Facebook and Twitter ▪ Two registrations to the USM conference ▪ Hyperlink to company website from USM website 	\$3,000

Saint Louis University Supporter Agreement

Support below \$25,000

WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT



SAINT LOUIS
UNIVERSITY

Please return this form to:

Elizabeth Davis via email: edavis@blacktwigllc.com
or fax: (314) 255-2352

WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

Saint Louis University, through its School of Medicine (“Accredited Provider”), is committed to presenting continuing medical education (“CME”) activities that promote improvements or quality in health care and are independent of the control of commercial interests. As part of this commitment, Saint Louis University School of Medicine (“SLU SOM”) has outlined in this written agreement the terms, conditions, and purposes of Commercial Support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a Commercial Interest¹, which is used to pay all or part of the costs of a CME Activity.

Title of CME Activity

Activity Location The Ritz-Carlton, St. Louis

Activity Date October 16-17, 2015

Name of Commercial Interest

Amount of Unrestricted \$ _____ USD

Educational Grant

(direct or in-kind)

Description of in-kind support and dollar amount if applicable

Amount of Restricted Education Grant \$ _____ USD

Description of restricted use of the grant

Terms, Conditions, and Purposes

1. The CME activity described above (the “CME Activity”) is for scientific and educational purposes only and will not directly or indirectly promote any specific proprietary business interest, including products, of the Commercial Interest.
2. The Accredited Provider is solely 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 Activity, selection of education methods, and the evaluation of the CME Activity.

¹ The Accreditation Council for Continuing Medical Education (“ACCME”) defines a Commercial Interest, “A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. (<http://www.accme.org>)”

3. Commercial Support² in the form of an educational grant shall be made payable to **Saint Louis University, Federal ID #43-0654872**. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of Accredited Provider. No other payments from the Commercial Interest shall be given to the director of the CME Activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the CME Activity (additional honoraria, extra social events, etc.).
4. The Commercial Interest shall not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving the Commercial Support. There will be no “scripting”, emphasis, or direction of content by the Commercial Interest or its agents.
5. The Accredited Provider will make all decisions regarding the disposition and disbursement of the Commercial Support received from the Commercial Interest.
6. The Commercial Support will not be used to subsidize recreational events or entertainment, travel or lodging or other personal expenses of CME Activity attendees (other than presenters or moderators), extravagant meals or receptions that are not incidental to the scientific and educational purposes of the CME Activity.
7. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the Commercial Support. Notwithstanding the foregoing, to the extent total funding from commercial and other supporters for the CME Activity exceeds expenses for such CME Activity, Commercial Interest agrees that remaining funds may be used by Accredited Provider for future continuing medical education activities.
8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME Activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME Activity. Promotional materials cannot be displayed or distributed in the CME Activity space or obligate path immediately before, during or after the CME Activity. The Commercial Interest may not engage in sales or promotional activities while in the CME Activity space or place of the CME Activity.
9. The Commercial Interest may not be the agent providing the CME Activity to the CME Activity attendees.
10. The Accredited Provider will make every effort to ensure that data regarding the Commercial Interest’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
11. The Accredited Provider will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).
12. The Accredited Provider will require that presenters disclose when a product is not approved in the United States for the use under discussion.
13. The Accredited Provider will ensure meaningful opportunities for questioning or scientific debate during the CME Activity.
14. The Accredited Provider will ensure that the Commercial Support provided by the Commercial Interest, either direct or “in-kind,” is disclosed to the CME Activity attendees, in program brochures, syllabi, and other program materials, and at the time of the CME Activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of Commercial Support may state the name, mission, and clinical involvement of the Commercial Interest and may include corporate logos and slogans, but only if such statements are not product promotional in nature.
15. The Accredited Provider will ensure that any significant relationship between the Commercial Interest and the Accredited Provider or between individual presenters or moderators and the Commercial Interest is disclosed to the CME Activity attendees.
16. The Accredited Provider is an equal opportunity/affirmative action employer. As part of its affirmative action policies and obligations, the Accredited Provider is subject to and will comply with the provisions governing federal contractors as set forth in 41 CFR § 60-1.4(a), 41 C.F.R. § 60-250.5(a); 41 C.F.R. § 60-300.5(a); and 41 C.F.R. § 60-741.5(a), and these regulations are hereby incorporated into this Agreement by reference.

ACCME Standards for Commercial SupportSM

The Commercial Interest and the Accredited Provider shall abide by all requirements of the *ACCME Standards for Commercial SupportSM*. The *ACCME Standards for Commercial SupportSM* are posted on the SLU SOM CME website at <http://medschool.slu.edu/cme> (click on “Forms”) as referenced on the ACCME website at <http://www.accme.org>

6. Information

Name of Accredited Provider: Saint Louis University

Tax ID Number	43-0654872		
Contact Person	Tammi Mooshegian	Email Address	cme@slu.edu
Phone Number	(314) 977-7401	Fax Number	(314) 977-4533
Mailing Address	CME Office 3839 Lindell Blvd St. Louis, MO 63108		

Educational Partner: Clayton Sleep Research Foundation

Tax ID Number	26-2000263		
Contact Person	Elizabeth Davis	Email Address	edavis@blacktwigllc.com
Phone Number	(314) 536-8928	Fax Number	(314) 255-2352
Mailing Address	USM/Clayton Sleep Research Foundation c/o Conference Coordinator Elizabeth Davis 7711 Bonhomme Ave. Suite 505 St. Louis, MO 63105		

Per an arrangement with Saint Louis University, checks should be made payable and sent to Educational Partner: Clayton Sleep Research Foundation (contact Elizabeth Davis to pay via credit card)

Name of Commercial Interest: _____
Address: _____
City, State, Zip: _____
Contact Person: _____ **Email Address:** _____
Phone Number: _____ **Fax Number:** _____

Agreed and acknowledged by Commercial Interest and the Accredited Provider:

Commercial Interest

By: _____
Signature

Print Name

Title

Date

Accredited Provider

By: _____
Signature

L. James Willmore, M.D.
Associate Dean, Saint Louis University School of Medicine

Date

Educational Partner (If applicable)

By: _____
Signature

Joseph M. Ojile, M.D. _____
Print Name
Course Director, Updates in Sleep Medicine _____
Title

Date

Title of CME Activity	13th Annual Updates in Sleep Medicine
Date of CME Activity	October 16-17, 2015

PAYMENT FOR EXHIBIT SPACE IS NOT INCLUDED IN THE COMMERCIAL SUPPORT. Please complete an "Updates in Sleep Medicine Exhibitor Agreement" as applicable.

Saint Louis University Commercial Supporter Agreement
RESTRICTED EDUCATION GRANT AGREEMENT



**SAINT LOUIS
UNIVERSITY**

Please return this form to:

Elizabeth Davis via email: edavis@blacktwigllc.com
or fax: (314) 255-2352

Saint Louis University, through its School of Medicine (“SLU”), is committed to furthering the public welfare through health care, research, and academic programs of the highest quality. The Grantor desires to make or cause to be made an education grant for the exclusive use of SLU for the purpose of providing partial or full funding to be used to advance SLU’s health care, research, and academic programs. As part of this commitment, Saint Louis University School of Medicine (“SLU SOM”) has outlined in this written agreement the terms, conditions, and purposes governing such grant. Education Grant is defined as financial, or in-kind, contributions given by a grantor, which is used in furtherance of SLU’s health care, research, and academic programs.

RESTRICTED EDUCATION GRANT AGREEMENT
(“Agreement”)

Name of Grantor (“Grantor”)
Amount of Grant (“Grant”)
(direct or in-kind)
Date of Grant (“Effective Date”)
Purpose of Grant (“Purpose(s)”)

Recognition of Grant. By signing this Agreement Grantor hereby acknowledges that it has provided SLU the Grant to be used solely in furtherance of the Purpose(s) and SLU hereby acknowledges that it has received the Grant from Grantor to be used solely in furtherance of the Purpose(s).

Use of Grant. SLU and the Grantor agree that the Grant will be used solely in furtherance of the Purpose(s). If activities in furtherance of the Purpose(s) have not commenced within twelve (12) months of the Effective Date, SLU shall return to Grantor the full amount of the Grant.

Repayment. Upon completion of the Purpose(s) or termination of this Agreement, SLU shall return to Grantor the amount of the Grant proceeds that were not used in furtherance of the Purpose(s).

Legal Compliance.

SLU and Grantor acknowledge and agree that the Grant does not take into account and is not based on the volume or value of any referral or other business generated between SLU and Grantor and does not obligate SLU to purchase, use, recommend, or arrange for the use of any product or service of Grantor.

The parties to this Agreement specifically intend to comply with all applicable laws, rules and regulations, including (i) the federal anti-kickback statute (42 U.S.C. 1320a-7b(b) and the related safe harbor

regulations; and (ii) the Limitation on Certain Physician Referrals, also referred to as the "Stark Law" (42 U.S.C. 1395nn). Accordingly, no part of any consideration paid hereunder is a prohibited payment for the recommending or arranging for the referral of business or the ordering of items or services; nor are any payments intended to induce illegal referrals of business. In the event that any part of this Agreement is determined to violate federal, state, or local laws, rules, or regulations, the parties agree to negotiate in good faith revisions to the provision or provisions that are in violation. In the event the parties are unable to agree to new or modified terms as required to bring the entire agreement into compliance, either party may terminate this agreement on thirty (30) days written notice to the other party.

Each of SLU and Grantor warrant and represent to the other that it and its employees, agents and subcontractors (i) are not currently excluded, debarred or otherwise ineligible to participate in the Federal health care programs defined in 42 U.S.C. 1320a-7b(f) (the "Federal health care programs"); (ii) are not convicted of a criminal offense related to the provision of health care items or services; (iii) are not excluded by the Office of Inspector General nor Food and Drug Administration from providing services reimbursable under a Federal health care program; or (iv) are not under investigation or otherwise aware of any circumstances which may result in being excluded from participation in Federal health care programs.

Reports; Recordkeeping. Upon request by the Grantor, SLU agrees to provide periodic written reports to Grantor that show how the Grant was used. SLU will maintain complete and accurate records regarding receipt of the Grant and how it is spent. Upon reasonable notice and during reasonable business hours, SLU will make these records available to Grantor for inspection, subject to any limitations imposed by applicable law.

Governing Laws. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Missouri without reference to its conflict of laws rules or principles.

Survival. Any provision of this Agreement which imposes an obligation after termination of this Agreement shall survive the termination of this Agreement and shall continue to be binding on the parties.

Counterparts. This Agreement may be executed in duplicate counterparts, each of which shall be deemed an original, and all such counterparts shall together constitute one and the same Agreement.

Headings. All headings in this Agreement are included solely as a matter of convenience for reference and are not intended to be a part of this Agreement.

Non-Assignability. No party may assign its rights and/or obligations under this Agreement without the prior written consent of the other party.

Entire Agreement/Modifications. This Agreement contains the entire agreement between these parties, and no prior oral or written, and no contemporaneous oral representations or agreements between the parties with respect to the subject matter of this Agreement shall be of any force or effect. Any modification to the Agreement shall be of no force or effect unless in writing and signed by authorized representatives of the parties. No waiver of this enforcement of any provisions of the Agreements shall be deemed a continuing waiver.

Authority to Sign Agreement. The parties hereto acknowledge that this Agreement is not in violation of any governmental rule, regulation or decision, and that the undersigned are duly authorized to execute this Agreement.

Affirmative Action Statement. Saint Louis University is an equal opportunity/affirmative action employer. As part of its affirmative action policies and obligations, Saint Louis University is subject to and will comply with the provisions governing federal contractors as set forth in 41 CFR § 60-1.4(a), 41 C.F.R. § 60-250.5(a); 41 C.F.R. § 60-300.5(a); and 41 C.F.R. § 60-741.5(a), and these regulations are hereby incorporated into this Agreement by reference.

The parties have signed this Agreement on date written below such party's signature.

Grantor

By: _____
Signature

Print Name

Title

Date

Saint Louis University

By: _____
Signature

L. James Willmore, M.D.

Print Name

Associate Dean, School of Medicine, Saint Louis University

Title

Date



Updates in Sleep Medicine Exhibitor Agreement

SUPPORTERS: Exhibit space is not included in your support agreement. Please send this agreement and a separate payment of \$1,525 no later than September 25, 2015 if you plan to exhibit.

This EXHIBIT SPACE AGREEMENT is by and between Updates in Sleep Medicine, and the company listed below (referred to as “Company” or “Exhibitor”) (the “Agreement”).

Company: _____

Representative: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

REQUIRED: Please give a brief description of the product or service to be displayed.

**THIS EXHIBIT SPACE AGREEMENT IS SUBJECT
TO THE PRIOR APPROVAL OF UPDATES IN SLEEP MEDICINE**

Exhibit Space Fee: \$1,525

The Exhibit Space Fee includes:

- One exhibit booth (includes 6-foot table with linens and two chairs)
- Wireless internet access
- Two conference registrations including continuing education, meals and refreshments served during the conference. Register online with the promotion code provided by the USM conference coordinator
- Hyperlink from company website on the USM conference website and onsite signage
- Inclusion in the attendance raffle (prize/gift basket must be present at booth on Friday, October 16, 2015)

Available for additional charge, check if needed:

- Access to power (\$10.00 per exhibitor, pay to The Ritz-Carlton, St. Louis)
- Extension cord (\$10.00 per exhibitor, pay to The Ritz-Carlton, St. Louis)
- Easel
- Additional chairs

EXHIBIT SPACE FEES ARE NOT INCLUDED IN THE COMMERCIAL SUPPORT PROVIDED PURSUANT TO ANY WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT.

The Exhibitor agrees to, and shall abide by, the following terms and conditions:

- **FULL PAYMENT OF THE EXHIBIT SPACE FEE IS DUE NO LATER THAN TWENTY (20) DAYS PRIOR TO THE EVENT DATE. UPDATES IN SLEEP MEDICINE RESERVES THE RIGHT TO REASSIGN EXHIBIT SPACE IF PAYMENT IS NOT RECEIVED TWENTY (20) DAYS PRIOR TO THE EVENT DATE.**
- Cancellations and requests for refunds must be received in writing twenty (20) days prior to the date of the Event.
- Written notice of cancellation and a request for refund at least twenty (20) days prior to the date of the Event, the Exhibitor will forfeit fifty percent (50%) of the total exhibit space fee. Refunds will be made following the Event.
- No Exhibitor shall sublet, assign or share any part of the exhibit space.
- Exhibitor is responsible for installation and removal of exhibits from the Event, during such times as designated by, and in the manner designated by, Updates in Sleep Medicine
- Updates in Sleep Medicine reserves the right to rearrange any event exhibit area floor space and relocate any exhibitor's space.
- Prohibited or unethical conduct will subject the Exhibitor to dismissal from the Event and the Event premises. Should this occur, the Exhibit is deemed to have forfeited all exhibit space fees and any other fees paid by the Exhibitor.
- The Exhibitor assumes entire responsibility and liability for losses, damages and claims arising out of injury or damage to Exhibitor's displays, equipment and other property brought upon the Event premises. Exhibitor shall release, indemnify and hold, Updates in Sleep Medicine, its Trustees, officers, administration, faculty, employees, students, agents and representatives harmless from and against any and all actual or threatened liabilities, claims, suits, actions, damages, settlements, costs and expenses incurred by or claimed against, Updates in Sleep Medicine, including reasonable attorneys' fees, arising out of injuries to persons, damages to property or other claims by third parties relating to the actions, errors and/or omissions in connection with Exhibitor's presence on the Event premises, use of exhibit space or the conduct of Exhibitor or its employees or contractors, notwithstanding any negligence that might be alleged against or attributed to, Updates in Sleep Medicine, or any person indemnified hereunder. Notwithstanding anything to the contrary, in no event shall Updates in Sleep Medicine have liability for any damages whatsoever exceed the amount paid by Exhibitor to Updates in Sleep Medicine under this agreement.
- Exhibitor shall procure and maintain (i) insurance to cover exhibit material against damage and loss, (ii) public liability insurance against injury to the person and property of others, and (iii) workers' compensation insurance in full compliance with all federal and state laws governing all of the Exhibitor's employees engaged in performance of work for the Exhibitor.

- The performance of this agreement by Updates in Sleep Medicine is subject to acts of God, war, terrorism, government regulation, disaster, fire, strikes, civil disorder, or other similar cause beyond the control of the parties making it inadvisable, illegal, impractical, or impossible to hold a successful conference. This agreement may be terminated without penalty for any one or more of such reasons by written notice from Updates in Sleep Medicine.
- This agreement shall be construed and enforced in accordance with the substantive laws of the State of Missouri, without regard to Missouri's conflict law provisions.
- The individual signing for the Exhibitor warrants he/she has proper authorization to do so.

Agreed and acknowledged by Company

COMPANY NAME: _____

Representative: _____

Title: _____

Payment amount: _____

Credit Card Authorized Payment/Credit Card Number: _____

Name on Credit Card: _____

Credit Card Expiration Date: _____ Credit Card CVN: _____

Check Enclosed: Yes No Check number: _____ Date: _____

Please make check payable to: **Clayton Sleep Research Foundation; Fed. EIN 26-2000263**

Contact Elizabeth Davis, conference coordinator, at (314) 536-8928 for additional information.

This signed agreement is due by September 25, 2015.

Exhibit space is on a first-come, first-served basis.

Thank you for your interest in exhibiting at Updates in Sleep Medicine.

Please complete and return this form to:

Clayton Sleep Research Foundation c/o Conference Coordinator Elizabeth Davis

7711 Bonhomme Ave., Ste. 505, St. Louis, MO 63105

Office: (314) 536-8928, Fax: (314) 255-2352, email: edavis@blacktwigllc.com

www.sleepupdates.org

For Internal use by Updates in Sleep Medicine only:

By: _____

Date: _____

Joseph M. Ojile, M.D., Updates in Sleep Medicine Course Director



USM/Clayton Sleep Institute

Credit Card Authorization Form

Dear Sir/Madam,
This form has been created to serve as authorization to charge the following credit card for charges incurred during a guest's stay at the Ritz-Carlton, St. Louis. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to The Ritz-Carlton, St. Louis Sales Office at 314-863-7486.

Cardholder Information

Name as it appears on the credit card: _____

Card type: [] Visa [] MC [] Amex [] Diners/CB [] Discover [] JCB

Account type: [] Individual (personal credit card)

[] Corporate | Company Name: _____

Account number: _____ Exp. Date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate Number: _____

Guest Information

Guest Name: _____

Company: _____

Phone number: _____ Fax or alternate Number: _____

Confirmation number: _____

Arrival date: _____ Departure Date: _____

Rate Information and Approved Charges:

Room rate: * _____ Taxes: * _____ Total Daily Rate: * _____ Number of Nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

[] All Charges [] Room and Tax Charges [] Telephone (LD) [] Telephone (Local) [] Restaurant

[] Room Service [] Valet Laundry [] Parking [] HS Internet Access [] Movies

[] Miscellaneous (please specify) _____

I certify that all information is complete and accurate. I hereby authorize The Ritz-Carlton St. Louis to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: _____

Cardholder signature: _____ Date: _____