



ASSOCIATION FOR PROFESSIONALS IN
INFECTON CONTROL AND EPIDEMIOLOGY, INC.

Three Rivers Pittsburgh Chapter

EXHIBIT Application

Friday, October 3, 2014

TRAPIC Fall Conference

Location: Hilton Garden Inn, 1000 Corporate Drive, Canonsburg, PA 15317

Federal Tax ID Number: 042878148

Name: _____

Company: _____

Address: _____

Phone # of Contact Person: _____

E-mail Address: _____

Company Website: _____

Tables will be provided. Please indicate any special needs:

Electric: Yes No Other: _____

How many will be attending?

Names of attendees: _____

We agree to pay \$350.00 per exhibit table at this conference and enclosed said payment with this application. Booth attendees are admitted for free with paid vendor space.

Signature Printed Name Date

Please return application and \$350.00 check payable to:TRAPIC
(Federal Tax I.D. #042878148) no later than September 19, 2014 to:

Christy Kirsch
152 Scenic Ridge Dr.
Venetia, Pa. 15367

Thank you for your continued support of TRAPIC!

COMMERCIAL SUPPORT AGREEMENT
FOR CONTINUING EDUCATION ACTIVITY

TRAPIC (Three Rivers Chapter of the Association for Professionals in Infection Control and Epidemiology, Inc) and _____

(your company name)

agree that the **TRAPIC FALL CONFERENCE 2014** for **October 3, 2014** at the **Hilton Garden Inn Pittsburgh/Southpointe** is for scientific and educational purposes and not for the purpose of promoting any products or entities. As the sponsor of this educational activity, **TRAPIC** will retain all administrative responsibility thereof. This includes, but is not limited to responsibility for assurance of objectivity and balance, selection of faculty, topics, educational materials, term, conditions, and management of financial support. The educational activity will be free of commercial bias for or against products or entities.

This educational activity will be supported by _____

(your company name)

That will be independent and under the full control of **TRAPIC** *(Specify type of commercial support in space provided, i.e., unrestricted grant, direct reimbursement of expenses, presenter honorarium).*

TRAPIC retains and is responsible for exercising full control over the planning of the program's content, including selection of presenters and moderators and the awarding of scholarships if applicable.

TRAPIC request all presenters to disclose, in writing, any conflict of interest related to the commercial support of the activity prior to **TRAPIC** conducting the event. **TRAPIC** will make disclosures to the audiences of any affiliations, sponsorships, financial support or other potentially biasing factors between **TRAPIC**, individual faculty members, moderators and _____

(your company name)

TRAPIC will request faculty members to disclose that **TRAPIC** will assure that all educational materials are without bias. Any complaints related to the commercial support of the educational activity are directed to **TRAPIC** and **TRAPIC** is responsible for the management and follow-up of any problems.

_____ agrees not to have any promotional activities,
(your company name)

presentations, or exhibits in the room where the educational activity is conducted or in an area through which the participants must pass to enter the room.

TRAPIC and _____

(your company name)

agree that there will be no advertisements for company products in any material disseminated in the program room.

The undersigned agree to the terms and conditions listed herein and so affirm by affixing signatures below.

Christy Kirsch
(Conference Administrative Assistant)

Company Representative

Date

Date