



EXHIBITOR INVITATION
Clinical Dermatology at Big Sky

Annual meeting of the Montana Academy of Dermatology
In partnership with Billings Clinic
January 30-February 2, 2025
Big Sky Resort
Yellowstone Conference Center
Big Sky, Montana

The Montana Academy of Dermatology is offering your company the opportunity to exhibit at its annual winter meeting. The medical conference audience from Montana and around the country consists of board-certified or board-eligible community dermatologists and dermatopathologists providing both adult and pediatric dermatologic care along with other healthcare professionals with an interest in dermatology. The anticipated audience number this year is 60 participants. I have attached the agenda for your review.

The conference exhibit fee for the 2025 event is \$3000 per table and includes the table and 2 chairs. Maximum of two reps per table. Booth space is limited. The exhibit hall will open Thursday afternoon and be open during all meeting times as noted below. Breakfast, breaks, and receptions are key opportunities to connect with attendees and faculty. Representatives are welcomed at evening dinners and receptions; however, meal fees apply per representative and must be purchased in advance.

- January 30** – setup 2:00-3:00 PM
- January 30** – 4:00-7:00 PM
- January 31** – 6:30-9:15 AM / 3:30-7:00 PM
- February 1** – 6:30-9:15 AM / 4:30-7:00 PM
- February 2** – 6:30-9:00 AM

Additionally, attendees will receive an “Exhibitor Bingo” card for booth representatives to sign that can be turned in when completed for a prize drawing.

In accordance with Standard 4.2 of the ACCME Standards for Commercial Support, the exhibits will be in a separate space apart from the education sessions.

To reserve your exhibit space, please complete the attached registration form, including signature, and return by January 3, 2025.

We look forward to seeing you!

Ashley

Ashley Webb
Continuing Medical Education Coordinator
Billings Clinic

Return the completed form and payments to:

Billings Clinic • Office of Medical Education – ATTN: Ashley Webb
• PO Box 1855 • Billings, MT 59103

Questions? Contact Ashley • awebb4@billingsclinic.org • Phone: (406) 238-2833



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Sponsored by Montana Academy of Dermatology
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Commercial Exhibitor Booth Registration Agreement
 (Limited space available)

Exhibitor agrees to abide by all requirements of the **ACCME’s Accreditation Criteria**, the **ACCME Standards for Commercial Support**, **Montana Academy of Dermatology (MAD)**, and **Billings Clinic Continuing Medical Education Policies**. Specifically:

- Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support. MAD/ Billings Clinic will be responsible for the identification, determination, and selection of needs, objectives, content, faculty, educational methods, evaluation, and audience and will ensure that the decisions are made free of the control of the exhibitor.
- All exhibits will be in a space or area separate from the education; the exhibits must not interfere or in any way compete with the learning experience prior to, during, or immediately after the activity.
- Representatives of the company exhibiting may attend CME activities at the discretion of MAD/ Billings Clinic for the direct purpose of the representatives’ own education; however, they may not engage in sales or marketing activities while in the space or place of the educational activity.
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- Information on the identity of learners at CME activities is considered to be the confidential property of MAD/ Billings Clinic.
- Information on learners will only be released to third parties when learners have prospectively signed a document authorizing this release of information.
- Exhibit space at this CME activity has not and will not be given as a condition of commercial support. A separate exhibit fee is for rental of space and shall be paid to the sponsoring organization, department, or division.
- In no event, will MAD/Billings Clinic provide a list of program attendees in program materials given to exhibitors.
- Exhibitors will be verbally acknowledged at the activity, per the discretion of the course director, in line with CME guidelines. Such acknowledgement will not contain the logo of any individual Exhibitor, rather, the course director (or other CME representative) will acknowledge the presence of exhibitors and the availability of the exhibit space outside of the learning space generally for attendees who choose to visit it.

By completing this form, you acknowledge the intention to exhibit at the accredited activity, that you have read and understand all the terms of this Commercial Exhibitor Agreement, and that as an authorized agent of the Exhibitor, you agree to comply with this agreement.

Printed name: _____

Signature: _____ **Date:** _____

(Authorized representative)



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January 30-February 2, 2025**

Exhibit booth reservation		Total
Number exhibit tables: _____	\$3000.00 each	\$ _____
Friday family dinner tickets	\$90.00 per attendee	\$ _____
Saturday reception tickets	\$60.00 per attendee	\$ _____
	Event Total	\$ _____

Registration & Payment Deadline:

Completed registration form must be returned no later than January 3, 2025

Payment must be received no later than January 13, 2025.

Exhibits will be pre-reserved upon receipt of this signed agreement; all exhibits are offered on a first come, first served basis. Payment must be received by the deadline in order full booth reservation. All payments are final; refunds will not be awarded for exhibitors who cancel or do not show on the date of the event.

Information about the Exhibitor	
Company/Organization	
Exhibit Contact(s)	
Mailing Address	City, State Zip code
Telephone	Email(s)

Booth Fee remittance information	
<input type="checkbox"/> Check – Payable to: Billings Clinic <u>Billings Clinic</u> <u>c/o Ashley Webb</u> <u>PO Box 1855</u> <u>Billings, MT 59103</u> Memo: 2025 MAD (Montana Academy of Dermatology) Federal Tax ID# 81-0231784	<input type="checkbox"/> Credit card preferred. An e-invoice will be sent. Email address of person paying fee: <hr/>