



COMMERCIAL SUPPORT ADHERENCE POLICY AGREEMENT
All exhibitor forms must be received 30 prior to event

www.newenglandsocietyofallergy.org

Date _____

Company Name: _____ Company Tax ID #: _____

Item/Drug Promoting: _____

Corporate Contact Email: _____

NESA 2019 Spring and Fall Programs:

April 3, 2020 – Westford Regency Conference Center, Westford, MA

of attending Representatives _____

October 3 & 4, 2020 – MGM Springfield, Springfield, MA

of attending Representatives (Saturday) _____

of attending Representatives (Saturday) _____

Attend Society Dinner (Sat. night/2 reps max) YES NO #_____ Allergies?_____

EXHIBITING FEES: \$1250.00 Spring Meeting Only \$1250.00 Fall Meeting Only
 \$2300.00 for BOTH spring and fall meetings of the same calendar year

Payment Options (Send this completed form along with payment)

- 1) Directly on the NESA website: <http://www.newenglandsocietyofallergy.org/meetings/exhibitors/> and email form to nesocietyallergy@gmail.com
- 2) Mail check, payable to "NESA", along with completed form to:
New England Society of Allergy (NESA), c/o Lisa Henry, Post Office Box 342, North Uxbridge, MA 01538

Does your company pay via a 3rd party vendor? YES NO

Name of 3rd party vendor: _____

I (we) understand and agree to adhere to the policies and procedures outlined in the Standards for Commercial Support of New England Society of Allergy's (NESA) Continuing Medical Education established by the NESA CME committee in accordance to ACCME Standards for Commercial Support guidelines.

Signature of commercial representative