



2023 MABB 69th Annual Meeting
Wednesday, September 20, 2023
Thursday, September 21, 2023
Exhibitor Application

Company Name: _____

Street Address: _____

City: _____

State/Province: _____ Zip Code: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

We hereby apply for exhibit space for use at the Scientific Meeting of the Michigan Association of Blood Banks on September 20th and 21st, 2023, at the Schoolcraft College VisTaTech Center in Livonia, Michigan. We understand that this application becomes a contract when signed by us and accepted by the Annual Meeting Committee. The fee is enclosed.

Signature _____

Vendor Options	Fee
<input type="checkbox"/> Corporate Membership Dues	\$700.00 USD
<input type="checkbox"/> Exhibit Space Only	\$650.00 USD

If paying by check, please complete this form and mail to:

MABB c/o Terry Downs
1701 Saunders Crescent Ann Arbor, MI 48103
maboffice manager@gmail.com

Make checks payable to: Michigan Association of Blood Banks.



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If paying by credit card, you may fax this form to Terry Downs @734-936-6855

Name on card _____

Billing address of credit card holder _____

City _____ State _____ Zip _____

Credit Card Number _____

Expiration Date _____ Credit Card Type (Visa, MC, or Discover) _____

CVC Number (MANDATORY) _____ This is the 3-4 digit code on the back of your credit card. We CANNOT process your request without it.

Signature _____

Company representative #1 Name _____

Company representative #2 Name _____



**University of Michigan Medical School
Written Agreement for Commercial Support for Continuing Medical Education**

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

The University of Michigan Medical School (UMMS) is committed to presenting continuing medical education (CME) activities that promote improvements or quality in healthcare, independent of the control of commercial interests. The UMMS has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities.

Commercial Interest:		
Educational Partner(s) (if applicable):		
Activity Title:		
Date of Activity:		
Amount of Educational Gift:		
Specify/itemize how funds will be used:		
In-Kind Support: <i>Check the appropriate box(es) if any of the materials below will be provided.</i>		None
Durable equipment	Disposable supplies (non-biological)	Human parts or tissue
Facilities/space	Animal parts or tissue	Other

Terms, Conditions, and Purposes

All parties agree to abide by the Accreditation Council for Continuing Medical Education (ACCME) [Standards for Commercial Support](#) and all applicable UM policies, including those related to [Industry Support for Professional and Continuing Education](#), [Honoraria](#), [Vendors](#), and [Travel Guidelines](#). An overview is provided below; please see the Office of CME and Lifelong Learning (OCME&LL) [website](#) for additional details.

Definitions. Commercial support is defined as financial or in-kind gifts/contributions given by a [commercial interest](#) (i.e., “Industry”) used to pay all or part of the costs of an accredited CME activity. An Educational Partner is defined as an organization outside the direct administrative control and oversight of Michigan Medicine (i.e., UM School of Pharmacy, specialty societies, non-profit organizations, medical education companies).

Approval. All commercial support for a CME activity must be given with the full knowledge and approval of OCME&LL.

Oversight and documentation. This Medical School-approved *Written Agreement* should be used whenever possible and signed by the Commercial Interest before final approval is sought by OCME&LL. Third-party written agreements generated by the Commercial Interest require additional institutional review and approval ([more details](#)).

Documented before activities occur. Written agreements must be fully signed by all parties and dated before the first occurrence of an educational activity (see [“what you can expect from us”](#)). **OCME&LL is unable to designate CME credit to educational activities receiving commercial support if the written agreements have not been reviewed and approved in advance of the activity start date.**

Disclosing information about commercial support. The source and nature (financial or in-kind) of all commercial support must be shared with participants before the activity begins. This information must never include corporate logos, trade names, or product-group messages of a commercial interest.

Independence of content. Industry must have no role in the selection of presenters or educational content but may specify the funds be used by a specific department or unit, or for a particular event.

Independence of arrangements. Industry cannot directly provide food, drink, honoraria, or travel.

Promotional Exhibits. Promotional exhibits are permitted at CME activities held off-campus (i.e., not on University of Michigan owned or leased properties), and also allowed on the campuses of our affiliates (MidMichigan and MetroHealth).

Agreed by Authorized Representatives

Accredited Provider (University of Michigan Medical School; ID# 0000316)	Commercial Interest
Signature: _____ Date: _____	Signature: _____ Date: _____
Print Name: David Healy, MD	Print Name: _____
Title: Assistant Dean, Office of CME & Lifelong Learning	Title: _____
Educational Partner in Requesting/Receiving Funding (if applicable)	
Signature: _____ Date: _____	
Print Name: _____	
Title: _____	