



EXHIBIT AGREEMENT

UNIVERSITY OF MINNESOTA

14th International Conference on Dialysis, Advances in CKD 2012

January 25-27, 2012

Innisbrook Resort, Tarpon Springs, FL

In accordance with the policies of the Accreditation Council for Continuing Medical Education (ACCME) and the display policy of the University of Minnesota Office of Continuing Medical Education, by providing funds for this CME activity, whether through an Educational Grant or through a Display/Exhibit Fee, you agree to the following conditions:

1. All exhibitors must be in a room or area separate from the educational activity and the exhibits must not interfere or in any way compete with the learning experience.
2. Exhibitors shall have no control over:
 - a. Identification of CME needs;
 - b. Determination of educational objectives;
 - c. Selection and presentation of content;
 - d. Selection of all persons and organizations that will be in a position to control the content of the CME;
 - e. Selection of educational methods;
 - f. Evaluation of the activity.

Make Check Payable To:

Renal Research Institute

Attention: John Callegari

207 East 94th Street, Suite 303, New York, NY 10128

(Tax Identification Number: 04-335-7026)

Exhibitor (Name of Company): _____ Exhibit Fee: _____

Name of Authorized Company Representative _____ Phone # _____
(Please Print)

Title: _____ E-mail address: _____

Signature: _____ Date: _____

Fifty percent of total amount should be paid upon signature and the remaining balance by January 10, 2012.

RETURN AGREEMENT TO: Ingrid Adelsberger
P. 646-672-4073
F. 646-672-4174
iadelsberger@rriny.com



EXHIBIT APPLICATION FORM

14th International Conference on Dialysis ADVANCES IN CKD 2012 January 25-27, 2012

PLEASE COMPLETE AND FAX OR EMAIL THIS FORM TO: Ingrid Adelsberger Fax: 646-672-4174 or iadelsberger@rriny.com

1 Primary exhibitor contact name and address

Exhibitor Category: Association Clinical Laboratory Dialysis Product Group Purchasing Organization
 Pharmaceuticals Provider/Management Publishing Software other: _____

LAST NAME FIRST NAME MR. MS.

COMPANY/ORGANIZATION NAME

ADDRESS CITY STATE ZIP COUNTRY

BUSINESS PHONE BUSINESS FAX EMAIL ADDRESS

2 Please check Support Level

- EMERALD (\$100,000+)
- GOLD (\$15,000 - \$24,999)
- GENERAL EXHIBITOR (\$3,000)
- DIAMOND (\$50,000 - \$99,999)
- SILVER (\$10,000 - \$14,999)
- NON-PROFIT (\$2,500)
- PLATINUM (\$25,000 - \$49,999)
- BRONZE (\$8,000 - \$9,999)

Authorized Signature _____ **Date** _____

3 Booth location preferences

1st choice: ____ 2nd choice : ____ 3rd choice: ____ Note: _____

4 Online Registration and Hotel

Please **register online for the conference and the hotel at www.renalreserach.com**. Please note that in order to receive complimentary badges (as part of your exhibitor level) you need to have a username and password which will be sent to you via email after receiving this form.