

**INVITATION TO SUPPORT AND EXHIBIT**  
**Prospectus of Support Levels and Advertising Opportunities**



**Tenth Annual State of the Science Symposium – Critical Care Best Practices 2020**

**Saturday, June 6, 2020**

Hilton Miami Dadeland  
9100 North Kendall Drive  
Miami, Florida 33176  
786-975-1920

[CriticalCare.BaptistHealth.net](http://CriticalCare.BaptistHealth.net)

We would be pleased to have you join us as a sponsor/exhibitor at our **Tenth Annual State of the Science Symposium – Critical Care Best Practices 2020**, Saturday, June 6, at the Hilton Miami Dadeland.

**Overview:** The annual State of the Science Symposium presents Critical Care Best Practices 2020 delivered by expert leaders. The dedicated, multidisciplinary critical care community applies these standards of care to guide our practice consistent with the mission and vision of both the Society of Critical Care Medicine and the American Association of Critical Care Nurses to secure the highest-quality care for all critically ill and injured patients.

**Networking Opportunities ■ Luncheon Sponsor ■ Wi-Fi and AV Sponsor**

When you participate in this annual CME/CE event you will network one-on-one with the physicians, leaders and healthcare providers from the South Florida medical community.

As a Gold Level Sponsor, your company will also be recognized for one year as a Corporate Philanthropy Partners program member of Baptist Health. Distinct and significant recognition will be provided at the symposium, as well as at the luncheon, in the conference hall and on the website in advance of the symposium. Details are on the following pages.

**Featured topics will include:** Artificial Intelligence in Medicine, Virtual sepsis management, respiratory distress syndrome, hemostatic pharmacology, pain management in the ICU, hemodynamics, advanced pharmacotherapy in critical care, acute kidney disease and many others.

**Target Audience:** Critical Care Physicians, Cardiologists, Surgeons, Anesthesiologists, Emergency Medicine Physicians, Nephrologists, Pulmonologists, Infectious Disease Physicians, Neurologists, Gastroenterologists, Hospitalists, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, Pharmacists and other interested healthcare providers.

Join us in June to be part of this annual event.

*Thank you for your consideration,*

*2020 Symposium Directors*

**Donna Lee Armaignac, Ph.D. APRN, CCNS, CCRN-K, Symposium Director**

**Louis T. Gidel, M.D., Ph.D., FCCP, Symposium Director**

**Eduardo Martinez-DuBouchet, M.D., Symposium Director**

*This annual CME/CE event is presented by*  
*Baptist Health South Florida.*

## PROSPECTUS OF SUPPORTER LEVELS & ADVERTISING OPPORTUNITIES

**A:** Indicates an advertising opportunity offered free of charge to supporters at certain levels.<sup>†</sup>

**E:** Indicates exclusive options, which are available on a 'first come, first served' basis.<sup>†</sup>

LEVELS AND MINIMUM AMOUNTS	GOLD	SILVER	PRIME Exhibitor	STANDARD Exhibitor
<b>RECOGNITION AND BENEFITS</b> <i>Exclusive options are available on 'first come, first served' basis.</i>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$2,500</b>	<b>\$1,500</b>
<b>Banner or Sign<sup>†</sup> with Company's Logo</b> and/or product/brand message in approved location. <b>A E</b>	♦			
<b>Registration Packet Insert - Company's Flyer<sup>†</sup></b> with promotional message and logo (One-page single-sided flyer up to 8.5 x 11") <b>A E</b>	♦			
<b>Company's Logo &amp; Link</b> on Event Web Site and in Promotional Emails <b>NOTE:</b> <i>Company name size &amp; location distinguished by level of support.</i> <b>A E</b>	♦			
<b>Verbal "THANK YOU!"</b> from the podium by the symposium leadership during welcome remarks.	♦			
<b>AV Support and Wi-Fi<sup>†</sup> <i>Exclusive!</i> – Company Name* displayed on/in:</b> ▪Looping PowerPoint with Wi-Fi code ▪Conference room signs ▪Handout. <b>Limited to # 1 Supporter. E</b>	♦	♦		
<b>Charging Station &amp; Audio-Visual Supporter – Exclusive – Limited to #1 Silver Supporters.</b> Company Name* recognition displayed on signage <u>inside conference room</u> and in the handout. <b>E</b>		♦		
<b>Lunch Supporter: <i>Exclusive!</i> Limited to #2 Gold Supporters.</b> Company Names* ▪Recognition on signage prominently displayed where lunch is served. ▪Additional recognition (verbal) during [Day 1] morning and afternoon sessions. <b>E</b>	♦			
<b>Breakfast &amp; Morning Break – Limited to # 2 Silver Supporters.</b> Company Names* ▪Recognition on signage prominently displayed at food stations. ▪Verbal recognition during morning welcome remarks.	♦	♦		
<b>Prominent Supporter Recognition by Company Name - <i>Size &amp; location of company's name* will be distinguished by their respective levels of support.</i></b> 1) <b>Signage</b> -Prominently Displayed Recognizing Companies by Name* outside General Session. <i>Separate signs for Gold &amp; Silver Supporters.</i> 2) <b>Conference Program</b> -Prominently Recognizing Company by Name* and Supporter Level. <i>Separate pages for Gold &amp; Silver Supporters.</i> 3) <b>PowerPoint Slide</b> -in Conference Room Prominently Recognizing Company by Name* and Supporter Level. <i>Separate slides for Gold &amp; Silver Supporters.</i>	♦	♦		
<b>Representative Badges</b> with supporter level ribbon	♦	♦		
<b>Exhibit Space – Premium</b> with extra space for Floor Display, two 6-foot tables	♦			
<b>Exhibit Space – Prominent</b> space in Exhibit Hall with 6-foot table.		♦		
<b>Exhibit Space – Prime</b> placement. 6-foot table with electricity.			♦	
<b>Exhibit Space – Standard</b> 6-foot table.				♦
<b>Number of Representatives</b> – Includes Badge, Meals, Symposium Access ( <i>No certificates or credits will be awarded unless registered as an attendee.</i> )	6	4	2	1
<b>Exhibitor Directory</b> – Names of Exhibitors will be recognized in syllabus.	♦	♦	♦	♦
<b>Networking</b> Opportunities to interact with healthcare professionals.	♦	♦	♦	♦

**† Exclusive Opportunities Terms and Restrictions:** Expenses incurred and coordination required for Advertising Opportunities will be the responsibility of the company. *Examples* include, but are not limited to, hanging a banner or sign (e.g., installation and/or rigging by hotel); printing of materials (company advertisements); and special requests.

→ **Printed Messages – Allowable** – are limited to "visit us at booth ##" or "Company is proud to be a Bronze Level Supporter".

→ **Printed Messages – NOT Allowable** – may NOT use language or terms such as "presented during," "presented in conjunction with," "preceding," "prior to," "following," "live from," or statements similar in nature.

→ **Permissions/Artwork** must be approved by the CME Provider prior to printing.

\* Commercial interest company recognitions will be by Company Name without logo unless specifically noted that logo will be used.

## NEXT STEPS

Confirm your intent to support and/or exhibit in order to reserve your preferred level of support. Exclusive opportunities are available on a first-come first-served basis.

### **IMPORTANT DATES**

- **Recognition** deadline is **April 15**. In order to be recognized as a supporter, return **signed paperwork** by **April 15**.
- **Payment** is due before **printing** of recognition materials (signs, handouts, etc.) or 30 days prior to course date. Payment is due\* by **May 11<sup>th</sup>** *\*Or provide proof of payment in process by this date.*

Secure **accommodations** at the conference hotel to ensure booking at the corporate rate of \$169 plus applicable taxes and hotel fees. Go to [miamidadeland.hilton.com](http://miamidadeland.hilton.com) or contact [Miami\\_Res@Hilton.com](mailto:Miami_Res@Hilton.com) or mention the State of the Science – Critical Care Symposium to reserve your room at the Hilton Miami Dadeland Hotel.

### **FUTURE COMMUNICATIONS**

After receipt of your company's participation commitment, Baptist Health CME will follow up regarding logistics.

- **Exhibit Hall** location and exhibit booth details will be provided.
- Representative Names for Supporter and **Exhibitor Badge** will be requested.

### **SUBMIT THIS DOCUMENT**

Supporters - GOLD AND SILVER LEVEL

- Complete pages 5, 6, 7 and 8. Submit as directed at bottom of page 8.

Exhibitors – PRIME and STANDARD

- Complete pages 5 and 6. Submit as directed at bottom of page 8.

**CONFIRMATION OF SUPPORT AND INTENT TO EXHIBIT**



**Baptist Health  
South Florida**

Continuing Medical Education

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**Confirm your intent to support and/or exhibit to reserve your preferred level of support.**

**Company Name:**

*As it should be listed in acknowledgements*

**Contact Person (Approver):**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**Contact Person (Exhibition Set-up):**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**Contact Person (Onsite Representative):**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**SELECT A LEVEL OF SUPPORT**

<b>Tiered Support</b> Advertising opportunities and exhibit booth included.	<input type="checkbox"/> \$10,000 Gold	<input type="checkbox"/> \$5,000 Silver
<b>Exhibitors Booth Only</b>	<input type="checkbox"/> \$2,500 Prime	<input type="checkbox"/> \$1,500 Standard

**PAYMENT OPTIONS**

Please make full payment\* based on your level of support by **May 11**. \*Or provide proof of payment in process.

**MY PAYMENT IS FOR A GOLD or SILVER SUPPORTER.** *(Exhibit space is included.)*

**My company is a CURRENT CORPORATE PHILANTHROPY PARTNER of Baptist Health Foundation.**

**CHECK** - Payable and Mailed to:  
**Baptist Health South Florida Foundation** (tax ID number 59-1923401)  
Attn: SOS Critical Care Symp  
6855 Red Road, Coral Gables, Florida 33143

**CREDIT CARD** – [Contact Megan Cottle](#)

My company would like **more information** about becoming a **CORPORATE PHILANTHROPY PARTNER** of **Baptist Health Foundation**. For details, contact Megan Cottle, [MeganCo@BaptistHealth.net](mailto:MeganCo@BaptistHealth.net), or 786-467-5534

**MY PAYMENT IS FOR A PRIME or STANDARD EXHIBIT.**

Check - Payable and Mailed to: Baptist Health CME Department (tax ID number 65-0267668),  
Attn: Audrey Gurskis  
8900 N. Kendall Drive, Miami, FL 33176

Credit Card – [Online Payment](#)

For assistance with exhibits or conference logistics, contact Audrey Gurskis, Baptist Health CME Department, [AudreyD@BaptistHealth.net](mailto:AudreyD@BaptistHealth.net).





**Baptist Health South Florida**

**Continuing Medical Education**

**LETTER OF AGREEMENT REGARDING TERMS OF ACCEPTANCE OF COMMERCIAL SUPPORT**

**Baptist Health South Florida** (Baptist Health) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians and is committed to presenting CME activities that promote improvements in healthcare quality and outcomes that are independent of the control of commercial interests. As part of this commitment, Baptist Health has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities.

**Definitions:**

*Accredited Provider* is, for purposes of this Agreement, Baptist Health.

*Commercial Support* is financial or in-kind contributions given by a commercial interest, which is used to pay all or part of the costs of a CME course.

A *Commercial Interest* is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by an ACCME-defined commercial interest.

<b>CME Course Title</b>	
<b>Date(s)</b>	
<b>Location</b>	
<b>Commercial Interest Name</b> <i>(as it should appear in print material)</i>	
<b>Commercial Support - Grant</b>	<i>Amount:</i>
<b>Commercial Support - Other</b>	<i>Amount:</i>
<b>Level of Support</b>	
<b>Terms:</b> <i>Describe Advertising Opportunities CME Provider offers as part of this level of commercial support which are detailed in the prospectus.</i>	

**Terms, Conditions, and Purposes of Commercial Support**

**I. Independence**

- A. This course is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
- B. As the Accredited Provider, Baptist Health, is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the course.

**II. Appropriate Use of Commercial Support**

- C. Baptist Health will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
- D. The Commercial Interest may not require Baptist Health to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- E. All commercial support associated with this course will be given with the full knowledge and approval of Baptist Health CME Department.
  - i. The Commercial Interest cannot give additional support, remuneration or payments to the director of the course, planning committee members, teachers or authors, joint sponsors, or any others involved with the supported course.
  - ii. Baptist Health cannot use Commercial Support to pay for travel, lodging, honoraria, or personal expenses of attendees (i.e., participants, learners) of a CME course.
- F. The Accredited Provider will, upon request, furnish the Commercial Interest documentation detailing the utilization of the commercial support.

**III. Commercial Promotion**

- G. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME course education space. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Promotional activities must be kept separate from the CME course. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME course. Commercial Interests may not engage in sales or promotional activities while in the education space of the CME course.

- H. The Commercial Interest may not be the agent providing the CME course to the learners.

**IV. Disclosure**

- I. Baptist Health will ensure that the source of support from the Commercial Interest, either direct or in-kind, is disclosed to the participants in program brochures, syllabus and other program materials, in advance of the CME course. This disclosure will not include the use of a logo, trade name or a product-group message.

#####

The Commercial Interest, its employed representative(s) participating in the CME Course described in this Agreement, and Baptist Health South Florida agree to abide by the **terms, conditions, and purposes of commercial support** outlined herein, and with all requirements of the **ACCME Standards for Commercial Support** applicable to their roles in the CME Course. Reference: <http://www.accme.org/publications/accme-standards-for-commercial-support>

**Agreed by Authorized Representatives**

**Accredited Provider:**

**Baptist Health South Florida**

Contact Person:

Email Address:

Title: CME Program Manager

Phone Number: 786-596-2398

Fax Number: 786-533-9706

Signature:  
[CME Manager] \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Commercial Interest:**

**[Company Name]**

Authorized Signatory: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**SUBMISSION OPTIONS:** Press the 'submit' button below to return your signed form electronically, or Print this form to sign, scan and email it to [CME12@BaptistHealth.net](mailto:CME12@BaptistHealth.net). **Thank you.**