

EXHIBIT AGREEMENT

Lahey Hospital & Medical Center – Continuing Medical Education Activity

This Agreement is between **Lahey Clinic Hospital, Inc. (Accredited Sponsor)** and _____
(Company).

CME Activity Details

- **Title:** 2025 Annual Interventional Neuroradiology Symposium and InSup Choi Neurovascular Anatomy Course
- **Location:** Sheraton Commander Hotel, 16 Garden St., Cambridge, MA 02138
- **Date:** October 9 – 11, 2025
- **Contact:** Kim Scroxtton | Ph: (781) 744-8056 | Fax: (781) 744-2930

Agreement Terms

By paying the applicable sponsorship fee, the above-named company agrees to exhibit at the named continuing medical education activity, subject to the following terms: **Gold Sponsor (\$25,000), Silver Sponsor (\$20,000), or Bronze Sponsor (\$15,000):** The company agrees to the exhibition fee corresponding to the selected sponsorship tier and agrees to the following conditions outlined for all sponsors.

ACCME Standards for Integrity and Independence:

- No promotional activities in the educational area or required pathways.
- No product advertisements in the program room.

The **Accredited Provider** will:

- Adhere to **ACCME Standards for Integrity and Independence.**
- Acknowledge the exhibition fee in program materials.

Registration & Payment

Register at <https://lahey.cloud-cme.com>. Create an account if needed, locate the **Live Course**, and select the “**Exhibitor**” tab.

Preferred payment: Credit card. Alternatively, make checks payable to **Lahey Clinic Hospital, Inc.** and send to: Lahey Hospital & Medical Center, Attn: Kim Scroxtton, Medical Education Office, 41 Mall Road, Burlington, MA 01805. **Tax ID:** 04-2704686

AGREED

Company Representative **Manager, Continuing Medical Education**

Name: _____ **Name:** Kim Scroxtton

Signature: _____ **Signature:** _____

Date: _____ **Date:** _____