

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 Interventional Pulmonology Conference
- **Location:** Lahey Hospital & Medical Center, 41 Mall Road, Burlington, MA 01805
- **Date:** April 2 – 5, 2025
- **Contact:** Michele Karlberg | Ph: (781) 744-3791 | Fax: (781) 744-2930

Agreement Terms

By paying a **\$3,000 fee for 3 days**, the company agrees to exhibit at the CME activity and comply with **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: Michele Karlberg, Medical Education Office, 41 Mall Road, Burlington, MA 01805. **Tax ID:** 04-2704686

AGREED

Company Representative

Coordinator, Continuing Medical Education

Name: _____

Name: Michele Karlberg

Signature: _____

Signature: _____

Date: _____

Date: _____