The Undersea and Hyperbaric Medical Society (UHMS) is an international, non-profit organization serving more than 2,000 members from more than 50 countries. The UHMS is the primary source of information for hyperbaric, diving, wound care medicine and physiology worldwide. The Society was founded as the Undersea Medical Society in 1967 but in 1986 changed the name to Undersea and Hyperbaric Medical Society. The name change reflected the rapidly growing interest in hyperbaric oxygen therapy.

The UHMS' Mission is to:

- improve the scientific basis of hyperbaric oxygen therapy.
- provide scientific information to protect the health of sport, military, public safety, and commercial divers.
- promote sound treatment protocols and standards of practice.
- provide continuing education credits.

For over 50 years the UHMS has been the primary source of information for hyperbaric medicine and physiology worldwide. This meeting will feature updates in the fields of wound and hyperbaric medicine. This meeting has as its goal to provide a quality CME opportunity to update knowledge and skills for hyperbaric, wound care and diving medicine for physicians, nurses, technicians, and other clinicians and personnel whose practice includes these fields. The meeting program will feature several outstanding, widely recognized professional local and international speakers and poster presentations. Our meeting attracts researchers and practitioners from all around the world and provides a wonderful opportunity to meet and extend contacts. Expected attendance is around four hundred.
SPONSORSHIP OPPORTUNITIES

GET VISIBILITY!
Sponsorship acknowledgment on website and any printed material; an opportunity to display promotional material (supplied by sponsor) at the meeting.

Presentation of products or services
The purpose of UHMS sponsorship program is to further the education of the registrants. The sponsorships must be of an educational character, and emphasize instruments, pharmaceuticals, books, products, or services for use in the registrants’ medical practice, teaching, or research.

Sponsorships levels
- Platinum Sponsorship: $6,500
- Gold Sponsorship: $5,500
- Silver Sponsorship: $4,500
- Bronze Sponsorship: $3,500
- Unrestricted Educational Grant: $2,500
- Lunch Sponsorship: $2,500
- Continental Breakfast Sponsorship: $1,500
- Break Sponsorship: $1,500

ACCESSORIES SPONSOR
- Satchel Sponsor: YOU PURCHASE (please check with the UHMS to see if already taken). 400 Satchels must be mailed to UHMS office one month prior to meeting
- Note pads and Pens Sponsor: YOU PURCHASE. 400 pieces must be mailed to UHMS office one month prior to meeting
- Satchel Insert: $350
- One insert of your design. (i.e.: brochure, flyer, mug, keychain, etc…) 400 pieces must be mailed to UHMS office one month prior to meeting
Presentation of products or services

The purpose of UHMS exhibit program is to further the education of the registrants. The exhibits must be of an educational character, and emphasize instruments, pharmaceuticals, books, products, or services for use in the registrants’ medical practice, teaching, or research. Sales are prohibited on the exhibit floor and other related convention areas during the meeting.

- All exhibitors must be set by Wednesday, June 12, 5 p.m. for the Thursday, June 13, 7:30 a.m. opening held in the Astor Ballroom.
- The exhibitor will be responsible for their own labor crew for the set-up and dismantling.
- Storage of crates will be with the hotel, so do not store anything of value in crates destined for storage.
- The opening reception will be held in the Exhibit Hall Thursday, June 13 from 6 p.m. to 7 p.m.

Exhibit hours

- Wed., June 13: 12 pm – 5 pm: Set-up
- Thurs., June 15: 7 am – 3:30 pm
  - 7 am - 8 am: Coffee/Exhibits
  - 9:30 - 10 am: AM Coffee Break/Exhibits
  - 12 pm - 2 pm: Lunch on own
  - 3 pm - 3:30 pm: PM Coffee-Snack Break/Exhibits
  - 6 pm – 7 pm: Welcome Reception with Exhibitors
- Fri., June 14: 7 am – 4 pm PT
  - 7 - 8 am: Coffee/Exhibits
  - 9 - 9:30 am: AM Coffee Break/Exhibits
  - 12:00-2:00 pm: Lunch on own
  - 3:30 - 4 pm: PM Coffee-Snack Break/Exhibits
- Sat., June 15: 7 am – 12 pm PT
  - 7 - 8 am: Coffee / Exhibits
  - 10 am - 10:30 am: AM Coffee Break/Exhibits
  - 12 pm: Break down begins (out by 4 pm)

As a courtesy to the registrants and your fellow exhibitors, UHMS requires strict adherence to the opening and closing hours. Deliveries and removal of supplies and equipment must be made before or after exhibit hours.
Packages

This year we will not be using an Exhibit company. The hotel will be providing tables and chairs, so please bring your own tablecloths.

Two representatives per table. An additional fee – $150– per representative will be required for more than the allotted (Welcome Reception, break coffee & food, Exhibitor Reception). Tickets for the Banquet and any Accompanying Persons tickets can be purchased for an additional fee. This information is on the online registration form. If submitting hard copy registration and you wish to add Accompanying Person(s) ticket(s), please contact us.

**TABLETOP PACKAGE: FEE: $1,500**

This package includes:
- 1 – 6’ table (please bring your table clothes)
- 2 – Plastic side chairs / 1 – Wastebasket
- 2 – Representatives

Please note: Any additional requirements are at the exhibitor’s expense

- **ELECTRICITY:** Electric will be at the cost of the exhibitor and will be provide through the hotel. An electrical order form will be provided at the request of the exhibitor.
- **SPACE ASSIGNMENT:** Priority in space assignment is earned based on previous participation as an exhibitor
- **SECURITY:** We currently do not offer this.
- **DISMANTLING OF EXHIBITS: Saturday, June 15: 12 pm – 4 pm:** No packing of equipment, literature, booth contents, etc. or dismantling of any booth will be permitted until the official closing time of 12 pm. To avoid damage to your display, please remain with your exhibit until crates are returned and your material is packed.

Cancellation/refund policy/liability

$100 administrative fee will be held on all MEETING(S)/COURSE(S) cancellations from the time you register, until 60 days prior to the meeting/course date. From 59 days to one (1) month prior, 50% of fees will be held on all cancellations. NO REFUNDS will be issued one (1) month prior to the meeting or after the meeting/course date.

**Liability:** Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and save the Undersea and Hyperbaric Medical Society, the Astor Crowne Plaza New Orleans, and all the employees and agents of the above against all claims, losses, and damages, to persons or property, governmental charges or fines, and attorney’s fees arising out of, or caused by exhibitor’s installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence of the Astor Crowne Plaza New Orleans, its employees, and agents. In addition, Exhibitor acknowledges that the Undersea and Hyperbaric Medical Society and the and the Astor Crowne Plaza New Orleans do not maintain insurance covering exhibitor’s property and that it is the sole responsibility of the Exhibitor to obtain business interruption and property insurance covering such losses by the Exhibitor.
### Sponsorship Opportunities

<table>
<thead>
<tr>
<th>Sponsorship</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Platinum Sponsorship</td>
<td>$6,500</td>
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<td>Satchel Insert</td>
<td>$350</td>
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**Note Pad & Pen Sponsor:** indicate one or both

**Additional Representative (more than 2 for table) to cover break food:** $150 x______

**Banquet Ticket:** Sunday, June 18 (7:00pm-10pm) $110 x______

### Exhibit Table Top Package

- **Amount:** $1,500

### Payment Information

**US Dollars Only**

- **Check:** make payable to UHMS
- **Visa**
- **Mastercard**
- **American Express**
- **Discover**

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<thead>
<tr>
<th>Card #</th>
<th>Expiration date</th>
<th>CVV Code</th>
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<tr>
<td>Name on the Card:</td>
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<td>Card holders Signature:</td>
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<tr>
<td>Billing Address:</td>
<td></td>
<td>City:</td>
</tr>
</tbody>
</table>

**State:**

**Zip/Postal Code:**

**Country**

**Email, Fax or Mail with Payment To:**

- E: uhms@uhms.org / F: 919-490-5149 /
- 631 US Highway 1, Suite 307, North Palm Beach, FL 33408
The agreement describes the terms, conditions and purposes of the commercial support and must be signed by the commercial supporter, joint provider (if applicable) and ACCME accredited provider (UHMS).

Undersea and Hyperbaric Medical Society is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of ineligible companies. As part of this commitment, Undersea and Hyperbaric Medical Society has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities.

Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education. The ACCME defines ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For more information visit www.accme.org.

Commercial Support is defined as monetary or in-kind contributions given by an ACCME-defined ineligible company that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Integrity and Independence in Accredited Continuing Education. Advertising and exhibit income are not considered commercial support.

PLEASE FILL OUT AND SIGN THE FORM ON THE NEXT TWO PAGES AND RETURN IT WITH THE SPONSORSHIP REGISTRATION.
<table>
<thead>
<tr>
<th>Joint Provider:</th>
<th>UHMS Directly Provided meeting</th>
</tr>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Activity Director:</td>
<td>Lisa Tidd</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:lisa@uhms.org">lisa@uhms.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>919-490-5140 X 101</td>
</tr>
<tr>
<td>Activity Title:</td>
<td>2024 UHMS Annual Scientific Meeting</td>
</tr>
<tr>
<td>Activity Date:</td>
<td>June 13-15</td>
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<tr>
<td>Website for activity:</td>
<td><a href="https://www.uhms.org/meetings/annual-scientific-meeting/uhms-annual-scientific-meeting-information/51-pre-courses/177-pre-course-2.html">https://www.uhms.org/meetings/annual-scientific-meeting/uhms-annual-scientific-meeting-information/51-pre-courses/177-pre-course-2.html</a></td>
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<thead>
<tr>
<th>Commercial Supporter Company/Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>Contact Name:</td>
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<td>Phone:</td>
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<tr>
<th>Commercial Support Provided</th>
<th>Financial</th>
<th>In-Kind (books, venue space, satchels)</th>
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<tbody>
<tr>
<td>Financial Amount Provided:</td>
<td>$</td>
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| Description of In Kind Support: |                                 |

Financial Commercial Support will be used for the following (list below):

<table>
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<tr>
<th>Speaker Honoraria</th>
<th>Meeting Expenses(Itemize below)</th>
<th>Other (list below)</th>
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</table>
Terms, Conditions, and Purposes

Independence
1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider 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 activity.

Appropriate Use of Commercial Support
1. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
2. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
3. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
4. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion
1. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
2. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure
1. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

By signing below, the Commercial Supporter, Joint Provider and Undersea and Hyperbaric Medical Society agree to abide by all requirements of the ACCME Standards for Commercial Support

__________________________________________
Accredited Provider
UHMS CME Coordinator

__________________________________________
Contact Person
Commercial Supporter

UHMS COMMERCIAL SUPPORT AGREEMENT

EMAIL, FAX OR MAIL WITH REGISTRATION & PAYMENT TO:
UHMS, 631 US Highway 1, Suite 307, North Palm Beach, FL 33408.

FAX TO: 919-490-5149. If you have any questions, please contact Lisa Tidd at lisa@uhms.org.
Website: www.uhms.org