

## 2011 Local Exhibit Request Form

RD Lead Time to Outlook Mailbox  
(min 60 days lead time required)  
Rep Submitted to DM

Today's Date	Exhibit Date(s)	0	
Regional Manager	District Manager	Representative	Alternate Rep (if different)
Regional #	District #	Territory #	Territory #
Organization's Name (Complete name)			Tax ID Number
Street Address			
City	State	Zip Code	
Contact Name	Phone Number	E-Mail address	Fax Number
Total Amount Requested		Payment: Do They Accept Visa Credit Card Payment?	
\$		Yes / No	
Exhibit Site		City & State	
Attendance	Specialities	Product (select all that apply)	
		OxyContin® Butrans™ Ryzolt® Senokot® /Senokot-S® /SenokotXTRA® Colace® /Peri-Colace® Slow-Mag® Partners Against Pain® Other	

**Regional Director Checklist for Local Exhibit Request Submission:**

- |   |          |
|---|----------|
| 1. Is the exhibit contract/agreement attached with the request form?                              | Yes / No |
| 2. Are the exhibit terms and conditions attached with the request form?                           | Yes / No |
| 3. If the association does not accept credit card payment, are the invoice and W-9 form attached? | Yes / No |
| 4. Is the request being submitted with at least 60 days lead time?                                | Yes / No |

**Regional Director to e-mail to [Local.Exhibit@pharma.com](mailto:Local.Exhibit@pharma.com)**

Program I.D. # \_\_\_\_\_

# Lead days 60

## ASSOCIATION NAME

### DATE

Assoc. Contact:

Field Contact (DM):

	YES/NA	Date	Comments
1 Receive Exhibit Request:			
a. Request from Field Local Mailbox - w/ request form in folder			
b. Request from Association-			
Notify RD with Assoc. name, Conf. name, Dates, Location, Cost, # of attendees			
2 Calculate days lead time to be within 60 days			
3 Confirm District has funds available			
4 Enter Information into Outreach - select status			
a) in progress			
b) Record Program I.D.#			
5 Fill in Association Application			
6 Create 2010 Local Exhibit File			
7 Contact Association for :			
·Space availability/Contract or Terms on letterhead			
·Payment terms: <b>Amex VISA Invoice Check Req.</b> (W9)			
8 Scan contract and terms to Legal for Approval - check for previous year exhibit			
9 Legal Approval or send with Addendum			
10 Approval from Russ Gasdia			
11 Corporate Description			
a) if Requested by Association, provide approved Corp. description to Association			
b) send email to Libby Holman of use of Corp. description including Assoc. name, and date of program.			
12 Notify Assoc. with intent to Exhibit or Decline			
13 Email RM/DM with approval and notification to order materials			
14 Process Payment			
a) <b>Amex/VISA</b> complete form for Christine signature			
retain copy for Christine expense file			
b) <b>Check</b> - Process <b>Invoice</b> or Check request w/ w-9 to Acctg.			
15 <b>Get Receipt</b> - one for file - one for Christine expense file			
16 Change Program Status to " <b>COMPLETE</b> " in program folder			

**NOTES:**

## Vernay Kaminski, Valerie

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**Subject:** FW: FINAL APPROVAL

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**From:** Vernay Kaminski, Valerie  
**Sent:** Thursday, September 08, 2011 9:52 AM  
**To:** Vernay Kaminski, Valerie  
**Subject:** FINAL APPROVAL

Hi Karey and Zenobia,

The **University of xxx “Self-Management on Chronic Pain”** exhibit opportunity scheduled for October **xx**, 2011, at the **xx**, WA has been **APPROVED**.

The association was notified that Purdue Pharma L.P. will be exhibiting. A check request is in process for the exhibit fee of \$1,200.00.

Please remember to order any samples and literature for this event immediately by sending an email to **Patty McSally in Sales Operations**, with a copy to your District Manager. To ensure you receive the materials in time, please include the following information:

- Local Exhibit/Event Name and Dates
- Professional Audience Type(s) & anticipated attendance (split by HCP type if applicable)
- Ship to address & due date for receipt (with at least 3 weeks notice for processing and shipment)
- Literature codes & quantities (note: quantities may be modified by the Product Manager)

Please work with your District Manager to determine which items are most relevant for the audience attending the local exhibit.

**We want to hear from you! Have you used the tabletop display? What do you think? If you can, please take photos at the meeting and submit them along with any comments you may have, it would be appreciated!**

If you have any questions, feel free to contact me.

Best regards,

Valerie Vernay-Kaminski  
Local Exhibit - Marketing Education  
**Purdue Pharma L.P.**  
One Stamford Forum  
Stamford, CT 06901  
Phone: (203) 588-7630 - Fax: (203) 588-6262  
email: [valerie.vernaykaminski@pharma.com](mailto:valerie.vernaykaminski@pharma.com)

Hi Barry and Andrea,

Unfortunately, the local exhibit request for Fairview Department of Family Medicine for March 30, 2011, is declined due to being short dated (50 days). We are enforcing our 60 day lead time policy. Also, the submission was incomplete; the contract was missing with terms and conditions. ( I called the Association and they do have a contract for the event).

We are not able to process this request within the 50 days.

Very respectfully,

*Valerie Vernay-Kaminski*  
*Local Exhibit - Marketing Education*  
***Purdue Pharma L.P.***  
*One Stamford Forum*  
*Stamford, CT 06901*  
*Phone: (203) 588-7630 - Fax: (203) 588-6262*  
*email: [valerie.vernaykaminski@pharma.com](mailto:valerie.vernaykaminski@pharma.com)*



*Purdue Pharma L.P.*  
*One Stamford Forum*  
*Stamford, CT 06901-3431*  
*(203) 588 8000*  
*Fax (203) 588 8850*  
*www.purduepharma.com*

DATE

CONTACT NAME  
ASSOCIATION ADDRESS

Re: EVENT NAME/DATE OF EVENT ("Event")

Dear CONTACT NAME:

The following letter agreement between Purdue Pharma L.P. ("Purdue") and NAME OF ASSOCIATION and its agents (collectively, "Association") sets forth the terms and conditions for Purdue's commercial exhibit ("Exhibit") at the above-referenced Event.

The cost for Purdue to exhibit at the Event is \_\_\_\_\_ Hundred Dollars (\$\_\_\_\_\_).

Purdue shall exhibit materials relating to OxyContin<sup>®</sup>, Ryzolt<sup>®</sup>, Partners Against Pain<sup>®</sup>, Senokot<sup>®</sup>, SenokotXTRA<sup>®</sup>, Colace<sup>®</sup>, Peri-Colace<sup>®</sup> and Slow-Mag<sup>®</sup>.

The contact for Purdue shall be Valerie Vernay-Kaminski, Local Exhibit Coordinator, Purdue Pharma L.P., One Stamford Forum, Stamford, CT 06901, Phone: (203) 588-7630, Fax: (203) 588-6262, [valerie.vernaykaminski@pharma.com](mailto:valerie.vernaykaminski@pharma.com).

#### Indemnification

The Association agrees to indemnify, defend and hold harmless Exhibitor, and their respective officers, agents and employees, from and against any and all injury, loss, claims, or damage to any person or any property occurring at the exhibit, except where such injury, loss, claims, or damage is the result in whole or in part of the negligent or willful action or omission of Exhibitor. Exhibitor agrees to indemnify, defend and hold harmless the Association, and their respective officers, agents and employees, from and against any and all injury, loss, claims, or damage to any person or any property occurring at the exhibit, except where such injury, loss, claims, or damage is the result in whole or in part of the negligent or willful action or omission of the Association.

#### Logo Usage

Exhibitor shall retain all rights in its name, logo and trademark provided to Association and its agents. The Association and its agents may use Exhibitor's logo on its exhibit materials. No other use is permitted without Exhibitor's written permission. The Association and its agents shall not obtain any rights to Exhibitor's name, logo or trademark.

#### Cancellation of Conference/Exhibit

Should a contingency prevent the exhibit from taking place, Purdue shall be entitled to a pro-rata share refund of exhibit fees paid, less reasonable costs incurred by the Association for such exhibit.

CONTACT NAME

DATE

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## FOR CONTINUING MEDICAL EDUCATION EVENTS

### Independence

This Event is for scientific and educational purposes only and the Event will not promote any specific proprietary business interest of Purdue. The Association 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 continuing medical education ("CME"), selection of education methods, and the evaluation of the activity.

Purdue is NOT furnishing commercial support for this conference, Purdue is buying exhibit space.

### Commercial Promotion

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 subject 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. Purdue may not be the agent providing the CME activity to the learners.

In the event of a conflict between the terms and conditions of this letter agreement and those of the exhibit agreement, application or other documents provided by the Association, the terms and conditions of this letter agreement shall take precedence and control, including any prior agreement entered into with Purdue.

If the foregoing terms and conditions are acceptable, please sign where indicated below.

Sincerely,

PURDUE PHARMA L.P.

ACCEPTED AND AGREED:

NAME OF ASSOCIATION

By: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDENDUM**  
**TO EXHIBIT AGREEMENT BETWEEN**  
**[NAME OF ASSOCIATION] ("ASSOCIATION")**  
**AND PURDUE PHARMA L.P. ("EXHIBITOR")**  
**[NAME OF CONFERENCE - DATE OF CONFERENCE]**

**Cancellation of Conference/Exhibit**

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**Logo Usage**

Exhibitor shall retain all rights in its name, logo and trademark provided to Association and its agents. The Association and its agents may use Exhibitor's logo on its exhibit materials. No other use is permitted without Exhibitor's written permission. The Association and its agents shall not obtain any rights to Exhibitor's name, logo or trademark.

**Liability**

The Association agrees to indemnify, defend and hold harmless Exhibitor, and their respective officers, agents and employees, from and against any and all injury, loss, claims, or damage to any person or any property occurring at the exhibit, except where such injury, loss, claims, or damage is the result in whole or in part of the negligent or willful action or omission of Exhibitor. Exhibitor agrees to indemnify, defend and hold harmless the Association, and their respective officers, agents and employees, from and against any and all injury, loss, claims, or damage to any person or any property occurring at the exhibit, except where such injury, loss, claims, or damage is the result in whole or in part of the negligent or willful action or omission of the Association.

**Incorporation by Reference; Conflict**

The provisions of this Addendum are hereby expressly incorporated by reference into and made a part of the Exhibit Agreement. In the event of a conflict between the terms and conditions of this Addendum and those of the Exhibit Agreement, the terms and conditions of this Addendum shall take precedence and control.

By signing below, the Association agrees to these terms and conditions being incorporated herein and made a part of the above-referenced agreement between the Association and Purdue Pharma L.P.

AGREEMENT AND ACCEPTANCE:

NAME OF ASSOCIATION

\_\_\_\_\_  
By:

Title:

Date:



## Internal Use Only / Not for Distribution

## Local Exhibit Budget Report

09-08-2011 09-04-00

Program #	Region	District	Territory	Program Status	Organization	Start Date	End Date	Budget \$	Amount Paid	Balance	Confirmed Program Count
141963	016101	016101	01610102	Completed	Maine Osteopathic Association	2/11/2011	2/13/2011		\$900.00		
142043	016101	016101	01610102	Completed	Maine Nurse Practitioner Association	4/28/2011	4/29/2011		\$1,000.00		
142097	016101	016101	01610101	Completed	Maine Osteopathic Association	6/10/2011	6/11/2011		\$820.00		
142113	016101	016101	01610105	Completed	New Hampshire Pharmacy Association	9/18/2011	9/18/2011		\$500.00		
142135	016101	016101	01610105	In Progress	New Hampshire Society of Physician Assistants	10/21/2011	10/22/2011		\$750.00		
142172	016101	016101	01610107	In Progress	New Hampshire Hospice	11/10/2011	11/10/2011		\$250.00		
		<b>016101</b>						<b>\$5,000.00</b>	<b>\$4,220.00</b>	<b>\$780.00</b>	<b>6</b>
142020	016102	016102	01610206	Completed	Massachusetts Pharmacy Association	4/27/2011	4/27/2011		\$750.00		
142074	016102	016102	01610201	Completed	Massachusetts General Hospital	5/26/2011	5/26/2011		\$750.00		
142075	016102	016102	01610201	Completed	Massachusetts General Hospital	10/13/2011	10/13/2011		\$750.00		
		<b>016102</b>						<b>\$5,000.00</b>	<b>\$2,250.00</b>	<b>\$2,750.00</b>	<b>3</b>
142059	016103	016103	01610304	Completed	Rhode Island Pharmacy Association	5/25/2011	5/25/2011		\$425.00		
		<b>016103</b>						<b>\$5,000.00</b>	<b>\$425.00</b>	<b>\$4,575.00</b>	<b>1</b>
142147	016104	016104	01610401	Completed	CT Pain Society	9/24/2011	9/24/2011		\$2,000.00		
		<b>016104</b>						<b>\$5,000.00</b>	<b>\$2,000.00</b>	<b>\$3,000.00</b>	<b>1</b>
141985	016105	016105	01610502	Completed	New York State Osteopathic Medical Society	3/4/2011	3/5/2011		\$1,000.00		
142040	016105	016105	01610503	Completed	American Society of Pain Management Nursing	6/3/2011	6/3/2011		\$300.00		
		<b>016105</b>						<b>\$5,000.00</b>	<b>\$1,300.00</b>	<b>\$3,700.00</b>	<b>2</b>
142030	016107	016107	01610702	Completed	Pharmacists Society of State of New York	6/28/2011	6/29/2011		\$1,000.00		
142146	016107	016107	01610701	Completed	Albany College of Pharmacy and Health Sciences	9/18/2011	9/18/2011		\$500.00		
142152	016107	016107	01610701	Completed	Albany Medical College	10/14/2011	10/14/2011		\$1,500.00		
142042	016107	016107	01610707	Completed	Baystate Health	10/19/2011	10/19/2011		\$1,000.00		