

**MEDICAL VENDOR BOOTH RENTAL AGREEMENT
SAINT BARNABAS MEDICAL CENTER, RESPIRATORY CARE**

This Agreement is made on this _____ day of _____ 20__.

BETWEEN: SAINT BARNABAS MEDICAL CENTER, RESPIRATORY CARE having an office at 94 Old Short Hills Road, Livingston New Jersey 07039;

Vendor Name: _____

NAME OF
PARTICIPANTS IN
THE BOOTH _____

EMAIL:
Address: _____

Phone: _____

(The "Vendor")

RECITALS

The Respiratory Care Department and the Vendor have agreed to jointly conduct a medical display of medical devices/products for the benefit of the respiratory seminar attendees on the premises of "The Westwood" in Garwood, New Jersey.

In consideration of this Agreement, the Respiratory Care Department and the Vendor agree as follows:

1. On June14, 2018 Vendor and the Respiratory Care Department will conduct a Medical Booth display for the benefit of the seminar attendees.
2. Vendor shall perform its duties in a professional, neat, fiscally prudent, quality, good faith, and timely manner. Vendor agrees to follow such rules and regulations as the Saint Barnabas Medical Center may adopt from time to time.
3. Vendor shall begin setting up for the sales event no earlier than 6:30 am. The event shall commence at 7:00 am, at which time Vendor shall be prepared to display booth. The event is scheduled to terminate at 5:00 pm. unless extended by Respiratory Care Department. Vendor shall complete its clean up no more than one (1) hour after the

completion of the event. A representative of the Booth shall be available at the site of the event at all times during the event.

4. Each party shall indemnify and hold harmless the other from and against any and all claims, damages, losses, liabilities, costs, and expenses, including reasonable attorney fees, of whatsoever kind arising from, related to or caused by its negligence or willful misconduct or that of its employees or agents. This indemnification shall not be interpreted as requiring or obligating The Westwood and Saint Barnabas Medical Center to compensate or make whole Vendor from and against any losses incurred by Vendor in connection with the event.
5. The event may be cancelled at any time by Saint Barnabas Medical Center. Should the Vendor cancel at any time, deposit will be forfeited.
6. Discounted rate \$400.00. Paperwork must be received with commitment on or before 3/1/18. Vendor will pay the \$600.00 dollar fee after 3/1/18. Vendor will provide a credit card or check made payable to the Saint Barnabas Medical Center, Respiratory Care Department.
7. This Agreement evidences the entire Agreement of the parties, and may not be modified or amended without the prior written consent of both parties. Neither party may assign this Agreement.

The parties do hereby agree to the terms of this Agreement on the date first above written.

Number of additional Vendor (\$100pp) _____
Name of Vendor (s)

Electrical Outlet needed

Additional table (\$50 for each additional table)

Email: _____

ATTEST **BY: _____**
VENDOR

ATTEST **BY: _____**
SAINT BARNABAS MEDICAL CENTER,
Respiratory Care Department

(DATE)