



This application serves as an agreement between _____ State Chapter and _____ . Acceptance of this application constitutes a contract. We, the undersigned, agree to abide by the contract terms and conditions.

Terms And Conditions:

Control of Educational Content: All educational activities are controlled independently of sponsors. ASMBS and _____ State Chapter is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct, influence, or control any content of the program. There will be no “scripting”, emphasis or direction of content by the Company or its agents.

Independence of ASMBS in the use of Contributed Funds: No other funds from the commercial company will be paid to the program director, faculty or others involved in the CME activity (additional honoraria, extra social events, etc.).

ACCME: The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education. ASMBS agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditures of funds provided. Per Criteria 4.2 No promotional activities will be permitted in the same room or obligate path as the educational activity.

Payment: Sponsor agrees to pay above indicated sponsorship amount as determined between the company and _____ State Chapter. Sponsorship payments received are nonrefundable and non-cancelable. The sponsorship may be withdrawn if full payment is not received by (date) _____. Providing sponsorship is not a provision for exhibiting. Company will not claim endorsement from ASMBS as a result of sponsoring.

Opportunities

<u>Type</u>	<u>Price</u>
<input type="checkbox"/> Sponsorship	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____
<u>Total:</u>	_____

Name: _____

Phone/Email: _____

Method of Payment (If credit card, we will send authorization form): _____

Company Signature– required for acceptance: _____

State Chapter Representative Signature: _____