



## SPONSORSHIP LETTER OF AGREEMENT

This application serves as an agreement between American Society of Metabolic and Bariatric Surgery (ASMBS) and \_\_\_\_\_.

Acceptance of this application by ASMBS constitutes a contract. We, the undersigned, agree to abide by the contract terms and conditions.

**TERMS & CONDITIONS:**

**Control of Educational Content:** All educational activities are controlled independently of sponsors. ASMBS 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 below indicated sponsorship amount as determined between the company and ASMBS. Sponsorship payments received by ASMBS are nonrefundable and non-cancelable. Company will not claim endorsement from ASMBS as a result of sponsoring.

Type	Price
<input type="checkbox"/> Sponsorship - Gold.....	\$25,000
<input type="checkbox"/> Sponsorship - Sliver.....	\$10,000
<input type="checkbox"/> Corporate Sponsored Symposium (CSS) .....	\$5,000

Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Method of Payment (if Credit Card, we will send authorization form): \_\_\_\_\_

Signature required for acceptance: \_\_\_\_\_

ASMBS Signature/Date: \_\_\_\_\_