



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 (*ineligible company*) agrees to abide by all requirements of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. ASMBS agrees to: 1) abide by the ACCME Standards for Integrity and Independence in Accredited Continuing 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. 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 The sponsorship may be withdrawn if full payment is not received by (date) _____.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"/> Exhibit	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____
Total:	_____

Name: _____

Phone/Email: _____

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

Company Signature (*required*): _____ Date: _____

State Chapter Representative Signature (*required*): _____ Date: _____