

Maine Chapter, ACS Annual Meeting May 18-20, 2018

Unrestricted Educational Grant Opportunities

Unrestricted Educational Grant Levels

All unrestricted educational grants support of the educational portion of the meeting includes support recognition (at selected level) on the chapter's website for one year, in *E-News*, in the program booklet, and on signage.

Diamond Level	\$10000
Platinum Level	\$7500
Gold Level	\$5000
Silver Level	\$2500
Bronze Level	\$1000

2018 Unrestricted Educational Grants

Today's Date: _____

Company/Organization Information

Company Name: _____

Contact Person

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax: _____

Signature: _____

Payment

Unrestricted Educational Grant

- | | | |
|--------------------------|----------------|---------|
| <input type="checkbox"/> | Diamond Level | \$10000 |
| <input type="checkbox"/> | Platinum Level | \$7500 |
| <input type="checkbox"/> | Gold Level | \$5000 |
| <input type="checkbox"/> | Silver Level | \$2500 |
| <input type="checkbox"/> | Bronze Level | \$1000 |

TOTAL AMOUNT PAID = _____

Payment Method

- Check Enclosed (payable to Maine Chapter, ACS)
 Credit Card (circle one):

MC • VISA • AMEX

Card # _____ Expiration Date _____

Verification/Security Code (on back of credit card) _____

Name as Printed on Card _____

Billing Address: _____

City, State, ZIP: _____

Signature _____ Date _____

Mail completed application form with payment to: Maine Chapter, ACS
PO Box 190
Manchester, ME 04351

Or fax application with credit card information to (207) 445-4880.

For questions, contact us at maine@mainefacs.org or (207) 445-2260.

LETTER OF AGREEMENT

(Form must be typed or printed legibly)

Regarding Terms, Conditions, and Purposes of an Educational Grant

Between _____ and Maine Chapter, American College of Surgeons

Title of CME Activity: Maine Chapter, American College of Surgeons Annual Meeting

Location: Colony Hotel, Kennebunkport, Maine **Date(s):** May 18-20, 2018

Commercial Supporter: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Contact Person:** _____

The above company wishes to provide support for the named continuing medical education activity by means of (*please indicate which option*):

1. Unrestricted educational grant for support of the CME activity in the amount of \$ _____
2. Restricted grant to reimburse expenses for:
 - A. Speaker(s) 1) _____ 2) _____
To Include: _____ All Expenses _____ Travel Only _____ Honorarium Only
Honorarium Amount \$ _____
 - B. Support for catering functions (*specify*): _____ in the amount of \$ _____
 - C. Other (*e.g. equipment loan, brochure distribution, etc.*) _____

CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Sponsor will record role of company, or its agents, in suggesting presenters(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** Sponsor will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.

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4. **Involvement in Content:** There will be no “scripting”, emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** Sponsor will make every effort to ensure that data regarding the company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** Sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analysis, preliminary data, or unsupported opinion.
8. **Discussions of Unapproved Uses:** Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** Sponsor will ensure opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the Use of Contributed Funds:**
 - a) Funds should be in the form of an educational grant made payable to the MMET.
 - b) All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the MMET.
 - c) No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the CCMEA *Standards for Commercial Support of Continuing Medical Education*.

The Accredited Sponsor agrees to: 1) abide by the CCMEA *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 expenditure of the funds provided.

AGREED

Commercial Company Representative’s name: _____

Signature: _____ Date: _____

CME Director or Designee: Gail Begin 207-622-3374

Signature: _____ Date: _____