



Unrestricted Educational Grants & Sponsorship 2015

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

Sponsorship

Opportunities are available to sponsor social activities held during the Annual Meeting. These opportunities include recognition on the chapter's website for one year, in *E-News*, in the program booklet, and on signage during the activity.

Networking Break (2 Available)	\$1000
Networking Lunch	\$2500
President's Dinner	\$3500
Welcome Reception/Wine Tasting	\$5000

2015 Sponsorship / 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 |

Sponsorship

- | | |
|--|---------------|
| <input type="checkbox"/> Networking Break | \$1000 |
| <input type="checkbox"/> Networking Lunch | \$2500 |
| <input type="checkbox"/> President's Dinner | \$3500 |
| <input type="checkbox"/> Welcome Reception | \$5000 |

TOTAL AMOUNT PAID = _____

Payment Method

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

DISCOVER • MC • VISA • AMEX

Card # _____ Expiration Date _____

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

Name as Printed on Card _____

Signature _____ Date _____

Mail completed application form with payment to: Ohio Chapter, ACS
PO Box 1715
Columbus, OH 43216-1715

Or fax application with credit card information to (877) 835-5798.

*For exhibiting opportunities, please go to www.ohiofacts.org Marketplace tab.
For questions, contact us at ocacs@ohiofacts.org or (877) 677-3227.*

**American College of Surgeons
LETTER OF AGREEMENT
Terms and Conditions of an Educational Grant**

Regarding the following CME Activity:

Meeting Name: OH Chapter American College of Surgeons 2015 Annual Meeting

Date and Location of Meeting: May 8 - 9, 2015 – Crown Plaza Hotel, Dayton, OH

Commercial Company:

Commercial Company Address:

Company Contact Name:

Telephone:

Fax:

e-mail:

This grant will provide support for the above named CME activity by means of:

☐ **Educational grant in the amount of \$_____**

☐ **Gift in-kind Grant (Equipment Loan) \$_____** *Value assigned should reflect rental fee and shipping and handling only. All equipment will be returned at the conclusion of the meeting.*

Please list equipment provided, include model name and quantity:

☐ **Gift in-kind Grant (Disposable Materials/Instruments, etc.) \$_____** *(Replacement value)*

Please list type of disposable items and quantity:

Conditions

Statement of Purpose

This activity is for scientific and educational purposes only. It will not promote the company's products, directly, or indirectly.

Control of Content & Selection of Presenters and Moderators

The American College of Surgeons (ACS) is responsible for full control of content and selection of presenters and moderators. The ACCME Standards for Commercial Support of Continuing Medical Education require that the ACS conduct the Program independently and without control or influence by the commercial company over the Program's planning, content (including the selection of speakers or moderators), or execution.

Disclosure of Financial Relationships

The ACS will ensure meaningful disclosure to the audience, at the time of the program of the Company funding and any significant relationship between ACS and Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

Involvement in Content

There will be no "scripting", emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

ACS as an accredited provider is required by the ACCME Standards to ensure that the program be objective, balanced, and scientifically rigorous.

Limitation on Data

The ACS will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

The ACS will require that presenters disclose when a product is considered off-label or investigational.

Opportunities for Debate

The ACS will ensure meaningful opportunities for questioning or scientific debate.

Funds should be in the form of an Educational Grant made payable to the American College of Surgeons.

No other funds from the commercial supporter 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 ACCME's Standards for Commercial Support of Continuing Medical Education.

The American College of Surgeons agrees to:

- Comply with the ACCME's Standards for Commercial Support.
- Acknowledge educational support from the commercial supporter in on-site program materials.
- Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

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AGREED

For the Commercial Company:

Signature/Date_____

Print Name/Title_____

For the American College of Surgeons:

Signature/Date_____

Print Name/Title_____