

Northwest Ohio Academy of Podiatric Medicine

2455 W. Sylvania Ave. Toledo, Oh 43613 419-474-5462

This Letter of Agreement is entered into this _____ day of _____ and between the Northwest Ohio Academy of Podiatric Medicine (NWOAPM) and _____ represented by _____.

General Terms

Title of CME: **Seminar on the Bay**

Location: Kalahari Resort, Sandusky, Ohio

Date: January 14-16, 2016

NWOAPM TAX ID: 34-19-64706

Conditions

Vendor agrees to provide financial support for the named CME activity with:

(Circle 1 or more)

- Corporate Sponsorship- \$4000.00
- An unrestricted educational grant in the amount of
\$3000.00 \$2000.00 \$1000.00
- Providing for an exhibit and table space of \$500.00
- Providing an honorarium for a vendor selected speaker
- Providing an honorarium and expenses for vendor selected speaker(s)
- Provide for food and beverages for breakfast, breaks, lunches and/or dinners (\$1500-\$2000)

Terms

Activity is for scientific and educational purposes. NWOAPM will ensure meaningful disclosure to the audience, at the time of the program, of Vendor's funding and/ or significant relationship between Vendor and individual speakers. NWOAPM and Vendors agree to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

AGREED

COMPANY _____

REPRESENTATIVE _____ DATE _____

NWOAPM REPRESENTATIVE _____ DATE _____