

COMMERCIAL SUPPORT OF CME ACTIVITY

LETTER OF AGREEMENT

Between the << Sponsoring Organization>> and _____

(Company) _____

TITLE OF CME ACTIVITY: _____

LOCATION: _____ DATE: _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____ TELEPHONE _____

FAX _____ EMAIL _____

The above COMPANY wishes to provide support for the named continuing medical education activity by means of an educational grant in the amount of \$_____. All parties understand that monetary contribution to this program does not entitle the COMPANY to exercise influence over or participate in the planning of this educational activity except where requested by UNE.

Payment method: ___ Check *or* ___ Credit card (circle one): VISA MasterCard Discover

Card # _____ Exp Date: _____

Name on credit card _____

VIN # _____ Zip Code of Cardholder's Billing Address _____

Signature: _____

CONDITIONS:

The undersigned agree to abide by all accepted provisions concerning contributions to CME activities as outlined by the AOA and PhARMA, specifically those concerning avoiding actual, or the perception of, bias and/or conflict of interest in the educational program as a result of the contribution.

AGREED:

Company representative (print name): _____

Signature _____ Date _____

Sponsoring organization representative (print name): _____

Signature _____ Date _____