



APPLICATION/CONTRACT FOR:

CORPORATE SUPPORT

ISDP 22nd Joint Meeting, February 27-28, 2019

The Hilton Crystal City

2399 Jefferson Davis Highway, Arlington, VA 22202, USA

Opportunities for Corporate Support of this Educational Event

Supporters of this event's educational activities will receive acknowledgement in:

- Meeting's onsite program
- Appropriate signage during the event
- Event's website

Microscopes Support

Microscopes are used in CME/MOC accredited Self-Assessment sessions. This is a sole-support opportunity, and acknowledgement will be given throughout the event for the official microscope supporter of the event



Self-Assessment in Dermatopathology \$ _____ (\$2,500.00 suggested)

Welcome Reception Support

There is a Welcome Reception at the end of Day 1 of the meeting (Wednesday February 27). Your support will be visible to all meeting participants and your company name and logo on signage at the reception tables.



Catering support Welcome Reception \$ _____ (\$2,500.00 suggested)

Other Support as Indicated in Letter of Agreement



Support for the following \$ _____

If interested in providing financial support to the ISDP's 22nd Joint Meeting, February 27-28, 2019, in Arlington, VA, please complete the Letter of Agreement for Corporate Support (pages 2 and 3), and submit to address on page 3.

Letter of Agreement for Corporate Support

This document serves as a letter of agreement regarding Terms, Conditions and Purposes of an Educational Grant between International Society of Dermatopathology and _____

(Corporate Sponsor)

(Form must be typed or printed legibly)

Title of CME Activity: International Society of Dermatopathology (ISDP) 22nd Joint Meeting

Location: The Hilton Crystal City, 2399 Jefferson Davis Highway, Arlington, VA 22202 USA;

Corporate Supporter (Company Name/Branch) _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Contact _____

The above Corporate Supporter wishes to provide support for the named continuing medical education activity by means of (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. Microscope rental fee for Self-Assessment Course \$ _____
 - B. Support for catering functions in the amount of \$ _____
 - C. Other (e.g., poster board rental, brochure production, meeting supplies, etc.) \$ _____

Conditions

1. **Statement of purpose:** ISDP certifies that the **Scientific Program** is for scientific and educational purposes only and will not promote the Corporate Supporter's products, directly or indirectly.
2. **Control of Content and Selection of Presenters & Moderators:** ISDP is ultimately responsible for control of content and selection of presenters and moderators.
3. **Disclosure of Financial Relationships:** ISDP will ensure disclosure to the audience of (a) corporate funding and (b) any significant relationship between the ISDP and the Corporate Supporter or between individual speakers or moderators and the Corporate Supporter.
4. **Involvement in Content:** there will be no "scripting", emphasis, or influence on content by the Corporate Supporter or its agents.
5. **Ancillary Promotional Activities:** no promotional activities will be permitted in the same room 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 Corporate Supporter'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:** ISDP will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** ISDP will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** ISDP will ensure opportunities for questioning or scientific debate.
10. **Independence of ISDP in the use of Contributed Funds**
 - a) funds should be in the form of an educational grant made payable to the International Society of Dermatopathology, Inc.
 - 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 International Society of Dermatopathology, Inc.
 - c) no other funds from the Corporate Supporter will be paid to the program director(s), faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.) over and above this educational grant.

The Corporate Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education (<http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>).

The Accredited Sponsor agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the Corporate Supporter in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Corporate Supporter a report concerning the expenditure of the funds provided.

AGREED

Corporate Supporter Representative (name) _____

Signature _____ Date _____

ISDP Manager/ Director (name) _____

Signature _____ Date _____

MAIL ORIGINAL COPY OF THIS CONTRACT WITH CHECK/CREDIT CARD INFORMATION TO:

International Society of Dermatopathology
PO Box 3005
Half Moon Bay, CA 94019-3005, USA
 EMAIL: intoscodp@gmail.com
 PHONE : 650-729-1234
 Website: <http://www.intsocdermpath.org>
 ISDP taxpayer ID number is 59-331936

FOR ISDP USE
 Total Fee \$ _____
 Payment Received _____