

NYSCHA 2012 Annual Meeting

LETTER OF AGREEMENT – For Sponsors

Regarding Terms, Conditions, and Purposes of a Grant

Between:	New York State College Health Association (NYSCHA) <i>NYSCHA Tax ID # 23-7289786</i>
and: [Insert Sponsor Company's name]	
Title of Activity:	NYSCHA 2012 Annual Meeting
Location:	Syracuse, New York
Date(s):	October 24-26, 2012
Commercial supporter: [Company name/branch]	
Address:	
City, State, ZIP:	
Telephone:	
Fax:	
Email:	
Contact Person:	

TYPE OF SUPPORT

The above company wishes to provide support for the named by means of:
Check the option you are choosing and fill in the amount of grant.

√	Type of Support	Amount of Grant
	1. Unrestricted grant for support of the Educational/Health Promotion/Research Activity. Specify the amount in the box to the right.	
	2. Restricted grant to reimburse for speaker expense. <ul style="list-style-type: none"> • List the speaker's name: _____ • Check what will be covered. Specify the amount in the box to the right. <input type="checkbox"/> All expenses <input type="checkbox"/> Travel only <input type="checkbox"/> Honorarium only NOTE: Honorarium to be determined by NYSCHA Conference Planner. 	
	3. Restricted grant to support catering functions. <ul style="list-style-type: none"> • List name or type of function(s): _____ • Specify the amount of the grant in the box to the right. 	
	4. Restricted grant for other purpose (e.g., meeting materials such as tote bags or notepads, tour or transportation support,) <ul style="list-style-type: none"> • Specify purpose: _____ • Specify amount of grant in the box to the right. 	
	5. Donated goods or services (i.e., items paid directly by company) <ul style="list-style-type: none"> • Specify item or service: _____ • Estimate the value (e.g., lunch bags, \$350) and enter amount in box to the right. 	

Conditions for Sponsors

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly. This statement of purpose is to reflect the ACHA Guidelines for Corporate Relationships.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company or its agents will respond only Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The 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 presenter(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 meaningful disclosure to the audience, at the time of the program: (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.
4. **Involvement in Content:** There will be no "scripting," emphasis, or direction of content by the Company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room. No subsequent promotional activities will refer to ACHA.
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 on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion 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 meaningful opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the use of Contributed Funds:**
 - Funds should be in the form of an educational grant made payable to the **New York State College Health Association (NYSCHA)**.
 - All other support associated with this CME/CH activity (e.g., distributing brochures, preparing slides, etc.) must be given with full knowledge and approval of the **New York State College Health Association (NYSCHA)**.
 - No other funds from the commercial company will be paid to the program director, faculty or others involved with the CME/CH activity (additional honoraria, extra social events, etc.).

The **Commercial Supporter** agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education and the ANCC Standards for Commercial Support of Continuing Nursing Education (available upon request). The **Accredited Sponsor (ACHA and NYSCHA)** agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education, 2) abide by the ANCC Standards for Commercial Support of Continuing Nursing Education, 3) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 4) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

By typing my name below, I am providing my electronic signature to confirm that all the information entered on all pages of this Letter of Agreement is accurate and agreeing to adhere to the Sponsorship Conditions as stated.

Corporate Representative:	Name:	Date:
Institution/Affiliate/Organization (NYSCHA) Representative:	Name:	Date:
ACHA Representative:	Name:	Date:

Send form and check to: Linda Dudman, NYSCHA Conference Planner, University of Rochester, Box 270472, 738 Library Road, Rochester, NY 14627. E-mail ldudman@uhs.rochester.edu or call 585-273-5770 with questions.