New York State College Health Association

**NYSCHA 2024 Annual Meeting**

**SPONSOR AGREEMENT FORM**

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| **Organization Conducting Activity (Individual Activity Applicant)** | **New York State College Health Association (NYSCHA)**  *NYSCHA Tax ID # 23-7289786* | |
| **Individual Activity Applicant Address, Phone, Fax, Contact, Email** | Linda Dudman, NYSCHA Conference Planner  New York State College Health Association (NYSCHA)  c/o Linda Dudman, 26 Threadleaf Lane, Penfield, NY 14526  646-812-2148 / Lpdudman26@gmail.com | |
| **Title of Educational Activity** | **NYSCHA 2024 Annual Meeting** | |
| **Date(s)** | Fall 2024 (Specific dates to be determined) | |
| **Location** | To be determined. | |
| **To be completed by the Sponsoring Organization:** | | |
| **Organization Providing Sponsorship** |  | |
| **Total Amount of Sponsorship:** | $ | Date payment received:  *For NYSCHA use.* |
| **Type of Sponsorship**  Please discuss options with the NYSCHA Conference Planner. Email: Lpdudman26@gmail.com | □ Unrestricted  □ Restricted (e.g., meal, attendee tote bags, social event, etc.)  *Please specify:* | |
| **Sponsor Contact Name, Address, Phone, and Email** |  | |

**Terms and Conditions**

1. This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship.
2. The Individual Activity Applicant is responsible for all decisions related to the educational activity. The organization providing sponsorship may **not** participate in any component of the planning process of an educational activity, including:
   * Assessment of learning needs
   * Determination of objectives
   * Selection or development of content
   * Selection of planners, presenters, faculty, authors and/or content reviewers
   * Selection of teaching/learning strategies
   * Evaluation methods
3. The Individual Activity Applicant will make all decisions regarding the disposition and disbursement of sponsorship in accordance with ANCC and ACCME criteria.
4. All sponsorship associated with this activity will be given with the full knowledge and consent of the Individual Activity Applicant. No other payments shall be given to any individuals involved with the supported educational activity.
5. Sponsorship will be disclosed to the participants of the educational activity.
6. Exhibiting, promotion, or marketing of companies or their products or services must not occur in the educational space (where learner is engaging with educational content, material, or faculty) within 30 minutes before or after an accredited education activity.

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| By typing my name below, I am providing my electronic signature confirming that I am duly authorized to enter into agreements on behalf of my organization. My signature indicates agreement of the terms and conditions listed in the Sponsor Agreement above. | | |
| **Sponsor Representative:** | Name: | Date: |
| **Individual Activity Rep:** | Name: Linda Dudman | Date: |