

# LETTER OF AGREEMENT

... Regarding Terms, Conditions and Purposes of an Educational Grant or Commercial Display fee provided to The Children's National Medical Center (CNMC), for conference support.

Company Name: \_\_\_\_\_

## FORM MUST BE TYPED OR PRINTED LEGIBLY

Title of CME Activity: 26th Annual CNMC Symposium: ECMO & the Advanced Therapies for Respiratory Failure

Sponsoring Dept.: Division of Neonatology

Location and Date(s): Keystone Conference Center, Keystone, Colorado, February 21-25, 2010

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

The above company wishes to provide support for the named continuing medical education activity by means of (indicate which option and distribution):

1.  Commercial display, including registration for 2 company representatives \$ 3500
2.  Restricted grant to reimburse expenses for:
  - A. Speakers: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
To Include:  All Expenses  Travel Only  Honorarium \$ \_\_\_\_\_
  - B. Support for catering functions in the amount of \$ \_\_\_\_\_
  - C. Other in the amount of \$ \_\_\_\_\_ (Please specify purpose): \_\_\_\_\_
  - D. Total Amount of Grant \$ \_\_\_\_\_
3.  Grant of services-in-kind with an estimated commercial value of \$ \_\_\_\_\_  
Please specify type of service: \_\_\_\_\_

## CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. 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 disclosure to the audience of (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 influence on 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.
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 of Data:** Sponsor 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:** 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 opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the use of Contributed Funds:**
  - A. Funds should be in the form of an educational grant or fee for commercial display made payable to "**CNMC**" (accredited sponsor). Our tax ID number is **52-1401136**. Signed grant agreements and checks should be sent to:

Billie Lou Short, MD  
Division of Neonatology  
Children's National Medical Center  
111 Michigan Ave., NW  
Washington, DC 20010

- B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) may only be provided with the full knowledge and approval of CNMC Planning Committee.
- C. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity unless through the educational grant format (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*.

CME hours will be provided by George Washington University Medical College (GWUMC)

The Accredited Sponsor agrees to: 1) Abide by the ACCME *Standards for Commercial Support for Continuing Medical Education* and the GWUMC Full Disclosure Policy; 2) If an educational grant, Acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) Upon request, furnish the educational grant provider with a report concerning the expenditure of the funds provided.

## AGREED

Commercial Company Representative (name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CEHP Department Director (name) \_\_\_\_\_ Joel Ranck \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_