

Return via fax (312) 335.5469 by April 1st 2009

## Support/Exhibit Fee

Regarding Terms, Conditions and Purposes of  
Commercial Support (Educational Grant/In-Kind Support) and Exhibit Fee

(PLEASE PRINT)

This letter of agreement is between CLESF and

\_\_\_\_\_  
(Company) for the Continuing Medical Education Activity entitled 3<sup>rd</sup> Annual Chicago Lower  
Extremity Surgical Symposium to be held at the Orthopedic Learning Ctr. on Date(s)  
September 14-16, 2009 Commercial Supporter (Company name/Branch)

\_\_\_\_\_  
Address City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Representative \_\_\_\_\_

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

Please mail payment to:  
Chicago Lower Extremity Symposium Foundation  
875 N. Dearborn, Ste. 400  
Chicago, IL 60610

The above-named company wishes to provide financial/in-kind support for the  
continuing medical education activity by means of (Please identify from the following options.):  
educational grant in-kind support exhibit fee

1. Educational grant for this CME activity in the amount of \$ \_\_\_\_\_ for:

Honorarium

Travel/Lodging

Promotional Material

Catering

Room Rental

AV Equipment

Other Expenses

2. In-kind support (consisting of something [as goods or commodities] other than money)  
in the form of:

Estimated value: \$ \_\_\_\_\_

3. Exhibit fee for this CME activity in the amount of \$ \_\_\_\_\_

### Conditions of Agreement

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:** CLESF 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 to CLESF-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. CLESF 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.

**Conditions of Agreement (continued)**

3. **Disclosure of Financial Relationships:** CLESF will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between CLESF and the Company (e.g., grant recipient) or (c) 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 obligated path to the educational activity. No product advertisements will be permitted in the same room where the activity is taking place.
6. **Objectivity and Balance:** CLESF 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:** CLESF 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:** CLESF will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** CLESF will ensure meaningful opportunities for questions or scientific debate.
10. **CLESF in the use of Contributed Funds:**
  - a. Funds should be in the form of an educational grant or exhibit fee made payable to:  
**Chicago Lower Extremity Symposium Foundation**
  - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of the Chicago Lower Extremity Symposium Foundation.
  - c. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (e.g., 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 (appended).**

Resurrection Health Care agrees to: 1) abide by the ACCME **Essentials, Guidelines, and Standards for Commercial Support of Continuing Medical Education**; 2) acknowledge commercial support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below:

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

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

CME Course Director/CME Coordinator (name): Edgardo R. Rodriguez,

DPM Signature: \_\_\_\_\_ Date: \_\_\_\_\_