

Corporate Sponsorship Commitment Form

SAVE TIME!
REGISTER & PAY ONLINE
www.midwestpodconf.org

Address _____
City _____ State _____ Zip _____
Contact Name _____
Business _____ Phone: Fax _____ Email Address _____

PREMIER SPONSORSHIPS

<input type="checkbox"/> Diamond	\$ 35,000	<input type="checkbox"/> Silver	\$ 10,000
<input type="checkbox"/> Platinum	\$ 25,000	<input type="checkbox"/> Bronze	\$ 5,000
<input type="checkbox"/> Gold	\$ 15,000	<input type="checkbox"/> Copper	\$ 2,500

ADDITIONAL SPONSORSHIP OPPORTUNITIES/SOCIAL FUNCTIONS

Food and Beverage Breaks	Cyber Caf [®]	Attendee Conference Bags
<input type="checkbox"/> Breakfast \$ 5,000	<input type="checkbox"/> 3 Day Sole Sponsor \$ 4,000	<input type="checkbox"/> Sole Sponsor \$7,000
<input type="checkbox"/> Breakfast Split \$ 3,000	<input type="checkbox"/> 1 Day Sole Sponsor \$ 1,500	<input type="checkbox"/> Co-Sponsor \$4,000
<input type="checkbox"/> Afternoon Break \$ 3,000	<input type="checkbox"/> Midwest Rounds \$ 100	<input type="checkbox"/> *Scanning Station \$1,500
<input type="checkbox"/> Afternoon Break Split \$ 2,000	<input type="checkbox"/> Breakfast "Fire Side" Chat \$ 3,500	<input type="checkbox"/> Sponsored Speaker \$1,500/hr
<input type="checkbox"/> Coffee Break \$ 1,500	Conference Badge Holders	<input type="checkbox"/> Sponsored Workshop \$1,000/hr
<input type="checkbox"/> Coffee Break Split \$ 1,000	<input type="checkbox"/> Sole Sponsor \$ 5,000	<input type="checkbox"/> Scan Time CE s \$600/sess
Popcorn	<input type="checkbox"/> Co-Sponsor \$ 3,000	<input type="checkbox"/> First in Line <input type="checkbox"/> ExpoMap \$250
<input type="checkbox"/> Sole Sponsor \$ 2,500	<input type="checkbox"/> First Contact \$ 4,500	Bag Advertising
<input type="checkbox"/> Co-Sponsor \$ 1,500	<input type="checkbox"/> Enhanced Virtual Booth \$ 150	<input type="checkbox"/> Doctors Only \$550
<input type="checkbox"/> Future of Podiatry Showcase \$ 400		<input type="checkbox"/> Doctors and Assistants \$650
<input type="checkbox"/> Pre-Conference Labels \$ 250		<input type="checkbox"/> I have a new idea!! Call me!

*Must pick booth 838, 455, or 139 to secure sponsorship. See Additional Sponsorship page for more info.

PAYMENT INSTRUCTIONS

Credit Card: Name of Cardholder _____
 Visa MC Amount _____ Card No. _____
 Discover AmEx Exp. Date _____ Security Code _____
 Signature _____
 Check made payable to the *Midwest Podiatry Conference*.

CONTINUING MEDICAL EDUCATION SPONSORSHIP OPPORTUNITIES

We (the Company) will provide support for the following continuing medical education activity as indicated below:

Title of CME Activity _____
 Location _____ Date(s) _____
 Unrestricted educational grant for support in the amount of \$ _____
 Restricted grant to reimburse expenses for:
 Speaker(s) _____
 ___ Lodging ___ Travel Expenses ___ Audio Visual Charges
 ___ Honorarium in the amount of (determined by course director) \$ _____
 Other (e.g., equipment loan, visqueen, cadavers, etc.) _____

Your Signature Required on Back of Form →

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 and Selection of Presenters and Moderators:** MPC 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 or possible presenters. MPC will determine role of Company, or its agents, in suggesting presenter (s) based on balance and independence.
3. **Disclosures of Financial Relationships:** MPC will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the MPC 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 oblique path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** If the Company's products or services (or competing products or services) are discussed, MPC will make every effort to ensure that speakers in an objective manner, describe any limitations of the data, and give a balanced report of the products or services and their alternatives.
7. **Discussion of Unapproved Uses:** MPC will require that presenters disclose when a product is not approved in the United States for the use under discussion.
8. **Opportunities for Debate:** MPC will ensure opportunities for questioning or scientific debate.
9. **Independence of MPC in the Use of Contributed Funds:**
 - a. Funds should be in the form of an educational grant made payable to the sponsor.
 - b. Any other support by the Company for the CME program (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the sponsor.
 - c. No other funds will be paid by the Company to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
10. **Company Representative:** representative of the Company may attend the program, but may not engage in any promotional activities while in the room which the program takes place.
11. **Company Sponsored Social Events:** the Company will not sponsor any social event which competes with, or takes precedence over, the program.
12. **Cancellation:** this Agreement may be cancelled by mutual agreement at any time or by MPC upon written notice to the Company.
13. **Indemnification:** the Company shall indemnify and hold MPC harmless from and against any and all loss, expense, or damage to MPC arising out of the negligence, willful misconduct, or breach of this Agreement by the Company, its agents, or employees.
14. **All Payments for Sponsorship** must be received by **March 1st, 2012** or received on the same day if sponsorship is committed to after March 1st, 2012.

The Company agrees to abide by all requirements published in CPME 720, Standards, Requirements and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine (appended).

The MPC shall: 1) abide by the requirements published in CPME 720, Standards, Requirements and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine; 2) acknowledge educational support from the Company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

AGREED

Company Representative (print name) _____

Signature _____ Date _____

MPC Representative (print name) _____

Signature _____ Date _____

Make a copy of this application for your records. Mail or Fax commitment form and full payment to:
THE MIDWEST PODIATRY CONFERENCE ♦ 122 S. MICHIGAN AVE., SUITE 1441 ♦ CHICAGO, IL 60603
If faxing, send both sides of this form with credit card info to (312) 427-5813. ♦ Questions? (312) 427-5810 ext. 11
