

2010 MIDWEST PODIATRY CONFERENCE

March 11 - 14, 2010
HYATT REGENCY CHICAGO

CORPORATE SPONSORSHIP COMMITMENT FORM

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

Save Time!
REGISTER & PAY ONLINE!!
www.midwestpodconf.org

SPONSORSHIP CATEGORIES

<input type="checkbox"/> Platinum \$ 50,000	<input type="checkbox"/> Silver \$ 10,000
<input type="checkbox"/> Diamond \$ 40,000	<input type="checkbox"/> Bronze \$ 6,000
<input type="checkbox"/> Emerald \$ 25,000	<input type="checkbox"/> Nickel \$ 3,500
<input type="checkbox"/> Gold \$ 15,000	

ADDITIONAL SPONSORSHIP OPPORTUNITIES/SOCIAL FUNCTIONS

<input type="checkbox"/> Audience Polling Tools <input type="checkbox"/> Half Day \$ 5,000 <input type="checkbox"/> Full Day \$ 3,500 <input type="checkbox"/> Entire Conference \$ 8,000 <input type="checkbox"/> Scanning Station \$ 3,500 <input type="checkbox"/> "Walk Fit & Win" \$ 2,000 <input type="checkbox"/> Food and Beverage Breaks <input type="checkbox"/> Breakfast \$ 5,000 <input type="checkbox"/> Lunch Snacks \$ 4,000 <input type="checkbox"/> Afternoon Break \$ 3,000 <input type="checkbox"/> Coffee Break \$ 1,500	<input type="checkbox"/> Cyber Café <input type="checkbox"/> 1 Day Co-Sponsor \$ 1,500 <input type="checkbox"/> 1 Day Sole Sponsor \$ 3,500 <input type="checkbox"/> 3 Day Co-Sponsor \$ 3,500 <input type="checkbox"/> 3 Day Sole Sponsor \$ 6,500 <input type="checkbox"/> Breakfast "Fire Side" Chat \$ 7,000 <input type="checkbox"/> Registration & Onsite Brochures \$ 8,000 <input type="checkbox"/> Conference Badge Holders <input type="checkbox"/> Co-sponsor \$ 3,000 <input type="checkbox"/> Sole Sponsor \$ 5,000	<input type="checkbox"/> Attendee Conference Bags <input type="checkbox"/> Co-Sponsor \$ 4,000 <input type="checkbox"/> Sole Sponsor \$ 7,000 <input type="checkbox"/> Conference Bag Advertising \$ 500 <small>(Add-on for Sponsorships over \$1500)</small> <input type="checkbox"/> Workshops \$ 1,500 <input type="checkbox"/> Workshop Supplies Various <input type="checkbox"/> Future of Podiatry Showcase \$ 250 <input type="checkbox"/> I have a new idea!! Call me
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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 is REQUIRED on the back of this 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 obligate 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 **January 29, 2010** or received on the same day if sponsorship is committed to after January 29, 2010

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**
