



# GEORGIA SOCIETY OF DERMATOLOGISTS, LLC

6134 POPLAR BLUFF CIRCLE · SUITE 101 · NORCROSS, GEORGIA 30092 · T (770) 613-0932 · F (305) 422-3327

## EDUCATIONAL GRANT

### Letter of Agreement Regarding Terms, Conditions, and Purposes of an Educational Grant

Between the Georgia Society of Dermatologists and \_\_\_\_\_

Title of CME Activity : Updates in Dermatology- The 52nd Annual Meeting of the GSD

Location: Ponte Vedra Inn & Club, Ponte Vedra Beach, FL Dates: June 15-17, 2007

Commercial Supporter \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

The above named company wishes to provide support for the named continuing medical education activity by means of:

1. Unrestricted educational grants for support of the CME activity in the amount of \$ \_\_\_\_\_

2. Restricted grants to reimburse expenses for:

A. Speakers (1) \_\_\_\_\_ (2) \_\_\_\_\_

To include all expenses

Travel Only

Honorarium Only

Honorarium (to be determined by the Course Director): \$ \_\_\_\_\_

B. Support for catering functions (specify) \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

C. Other (e.g., equipment, brochure distribution, etc.) \_\_\_\_\_

#### 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: Sponsor is ultimately responsible for control and content 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 and other relationships between the company and the 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 selections 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 influences on content by the company or its agents.
5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the program room.
6. Objectivity and Balance: Sponsors will make every effort to ensure that data regarding the companies 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: Sponsors 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 the presenters to disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: Sponsors will ensure opportunities for questioning or scientific debate.
10. Independence of Sponsor in the Use of Contributed Funds: Funds should be made in form of an educational grant made payable to the Georgia Neurosurgical Society. All other support associated with this CME activity (e.g. distribution of brochures, preparing slides) must be given with the full knowledge and approval of the Georgia Neurosurgical Society. No other from the commercial company will be paid to the program director, faculty, or those involved with the CME activity.

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

The Accredited Sponsor agrees to: (1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education, (2) acknowledge educational support from the commercial company, (3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

AGREED

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

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

Course Director (printed name) Maryann McGrail, GSD Executive Director

Signature *Maryann B. McGrail* Date 1-31-07

CME Director or Designee (printed name) Maryann McGrail, GSD Executive Director

Signature *Maryann B. McGrail* Date 1-31-07