

Support Agreement

Collaborative Family Healthcare Association

A. Company Information. This information will appear in CFHA publications; print legibly or type.

Company Name

Address

City, State, Zip

Phone

Fax

Email

Website

B. Primary Contact. This person will be the primary point of communication and will be sent all information related to your participation.

Contact person & title

Contact person phone

Contact person fax

Contact person email

C. Conference Support. CFHA requires that funds be provided as an unrestricted educational grant.

Amount of Educational Grant (direct or in-kind)	\$
Comments	

D. Terms and Conditions

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. CFHA is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. CFHA will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require CFHA to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of CFHA. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. CFHA, upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

7. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

8. CFHA will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to CFHA members. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and CFHA agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME).

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E. Payment Pay by check to the "Collaborative Family Healthcare Association"

Pay by credit card (include details below)

Cardholder's name (print legibly)	
VISA / MasterCard number	
Expiration date	Security code (3-digit number on back of card)
Cardholder's signature	

The Collaborative Family Healthcare Association is a 501c3 organization, federal tax ID# 13-3832381.

F. Acceptance.

By signing below, I/we agree to comply with the Terms and Conditions of this agreement.

Company name (print)	
Contact person & title	
Signature	Date

Return completed agreement and payments (payable to "CFHA") to:

Collaborative Family Healthcare Association
c/o Steffani Blackstock, Conference Manager
ASCENT Meetings, P. O. Box 632167, Highlands Ranch, CO 80163-2167
Phone 720-940-4880 CFHA@ascentmeetings.com
www.CFHA.net

Fax 303-395-2609 or 720-344-5297

Requests or Comments?

For CFHA Use

<i>CFHA will apply this grant for the following:</i>