

Support Contract

Information should be mailed to:

Name _____

Title _____

Company/Organization _____

Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Phone _____

Fax _____

E-mail _____

Above information will be printed in the final program.

E-mail a 75-word description of your organization to ksantos@vascularmed.org.
Descriptions received after May 6, 2011, may not be included in the final program.

Support Opportunities

Your organization wishes to provide support for the named continuing medical education activity by means of (please indicate which option):

1. Unrestricted educational donation for support of the CME activity in the amount of \$ _____
2. Restricted grant to reimburse expenses for:
 - A. Speaker: _____
To include: _____
 - B. Support for catering functions (specify): _____

In the amount of \$ _____
 - C. Other (e.g., equipment loan, brochure distribution, etc.): _____

Support Package

- Platinum \$ _____
- Gold \$ _____
- Silver \$ _____
- Copper \$ _____
- Traditional \$ _____

Event Support

(e.g., New Member Breakfast, Celebrating Vascular Medicine Reception)

Event Name: _____

Amount: \$ _____

Total Enclosed: \$ _____

Make checks payable to:

The Society for Vascular Medicine (in U.S. funds.)

SVM taxpayer ID# is 34-1623552.

Indicate payment type:

- Check VISA MasterCard American Express Discover

Card# _____

Exp. Date _____

Signature _____

Credit card billing address (if different than above) _____

<p>By signing below, I acknowledge that I have read and agree to the Support Rules and Regulations as stated on page 2 of this document.</p> <p>Signature _____</p> <p>Date _____</p>

Return Contract

Mail copy of this contract with payment to:
The Society for Vascular Medicine
Kim Santos
Meeting Administrator
111 Deer Lake Road, Ste. 100
Deerfield, IL 60015 USA

Support Rules and Regulations

CANCELLATION POLICY

Cancellations received at SVM headquarters in writing by April 8, 2011, will be subject to a 50% administrative fee. No refund is possible for cancellations received after April 8, 2011.

CANCELLATION OF MEETING AND SUPPORT

If SVM should be prevented from holding the conference by reason of any cause beyond its control (such as, but not limited to, damage to buildings, riots, labor disputes, acts of terrorism, acts of government or acts of God) or if it cannot permit the sponsorship due to causes beyond its control, then SVM has the right to cancel the conference with no further liability other than a refund of support less a proportionate share of show management expenses.

INSURANCE

All outside suppliers and/or companies providing services relative to any event are required to provide proof of commercial general liability insurance. The amounts are no less than \$1,000,000 per occurrence and \$2,000,000 general aggregate and worker's compensation insurance as required by Massachusetts State territory statute. Certificates of insurance evidencing the required insurance must be received by the conference services/catering manager before load-in for any event and must name additional insured. Supporter assumes entire responsibility and hereby agrees to protect, indemnify and save the Society for Vascular Medicine, The Sherwood Group and the Seaport Hotel and its employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorneys fees arising out of or caused by supporter's installation, removal, maintenance, occupancy or use of the conference premises or part thereof, excluding any such liability caused by the sole negligence of the Society for Vascular Medicine, The Sherwood Group

and the Seaport Hotel and its employees and agents. In addition, supporter acknowledges that the Society for Vascular Medicine, The Sherwood Group and the Seaport Hotel do not maintain insurance covering a supporter's property and that it is the sole responsibility of the supporter to obtain business interruption and property damage insurance covering such losses by a supporter.

COMPLIANCE

The supporter agrees to abide by and comply with the rules and regulations including any amendments that conference management may make from time to time such as in additional paperwork sent to the supporter by conference management. The supporter further assumes all responsibility for compliance with all pertinent laws, ordinances, regulations and codes of duly authorized local, state and federal governing bodies concerning fire, safety and health, as well as the rules and regulations of the operators of and/or owners of the property where the conference is held.

RESPONSIBILITY

The supporter assumes the entire responsibility and liability for losses, damages and claims arising out of the supporter's activities on the resort premises and will indemnify, defend and hold harmless the resort, its owner, and its management company, Society for Vascular Medicine, The Sherwood Group, as well as their respective agents, servants and employees from any and all such losses, damages and claims.

Contact SVM headquarters today at +1847-480-2961, ext. 277, or ksantos@vascularmed.org if you have any questions.

ACCME 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: CME Accredited Provider and the SVM are ultimately responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program.

3. ROLE OF SVM: SVM will assume certain responsibilities for the overall management of this activity and the day-to-day communications with the parties associated with this activity, including faculty and the Company.

4. DISCLOSURE OF FINANCIAL RELATIONSHIPS: CME Accredited Provider and SVM will ensure meaningful disclosure to the audience of (a) Company funding and (b) any significant relationships that the Company has with CME Accredited Provider (e.g., grant recipient) or with individual speakers or moderators.

5. INVOLVEMENT IN CONTENT: There will be no "scripting", emphasis, or influence on content by the Company or its agents.

6. 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.

7. OBJECTIVITY & BALANCE: CME Accredited Provider and SVM 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.

8. LIMITATIONS ON DATA: CME Accredited Provider and SVM will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

9. DISCUSSION OF UNAPPROVED USES: CME Accredited Provider and SVM will require that presenters disclose when a product is not approved in the United States for the uses under discussion.

10. OPPORTUNITIES FOR DEBATE: CME Accredited Provider and SVM will ensure meaningful opportunities for questioning or scientific debate.

11. INDEPENDENCE OF SVM IN THE USE OF CONTRIBUTED FUNDS:

- a. Funds should be in the form of an educational grant made payable to SVM as directed.
- 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 CME Accredited Provider and SVM.
- c. No other funds from the Company will be paid to the program director, faculty, or others involved with CME activity (additional honoraria, extra social events, etc.).

All parties agree to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (appended).

CME Accredited Provider and SVM agree to:

- 1) acknowledge educational support from the Company in program brochures, syllabi, and other program materials;
- 2) upon request, furnish the Company a report concerning the expenditure of the funds provided.

AGREED

Signature _____