

# **Association of Medical Laboratory Immunologists (AMLI)**

## **Written Agreement for Commercial Support**

AMLI is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, AMLI has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

Title of CME Activity: **2018 Annual Meeting of AMLI**

Location: **JW Marriott Scottsdale Camelback Inn Resort & Spa, Scottsdale, Arizona**

Date: **August 17-20, 2018**

Commercial Interest: \_\_\_\_\_  
*(Name of Company providing support)*

Grant will be used for:

- Exhibitor Registration Fee
- Unrestricted educational grant for support of the CME activity in the amount of \$\_\_\_\_\_.
- Restricted grant to reimburse expenses for:
  - Speaker expenses
  - Speaker travel only
  - Speaker honorariums
  - Catering function
  - Other

### **Terms, Conditions and Purposes**

#### **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. AMLI 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. AMLI will make all decisions regarding the disposition and disbursement of the funds from \_\_\_\_\_ *(company's name)*, hereinafter known as "The Company."
4. The Company will not require AMLI to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant. All commercial support associated with this activity will be given with the full knowledge and approval of AMLI. 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.

5. AMLI will upon request, furnish The Company with documentation detailing the receipt and expenditure of the commercial support.

**Commercial Promotion**

6. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities cannot be displayed or distributed in the education space immediately before, during or after a CME activity. The Company may not engage in sales or promotional activities while in the space or place of the CME activity.
7. The Company may not be the agent providing the CME activity to the learners.

**Disclosure**

8. AMLI will ensure that the source of support from The Company, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. 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.

\_\_\_\_\_ (*company’s name*) and AMLI agree to abide by all necessary requirements.

**Association of Medical Laboratory Immunologists**

**Tax ID Number:**

**Contact Person: Maggie Fogel**

**Phone Number: 603-610-7766**

**Email Address: maggie@maggiefogel.com**

**Fax Number: 603-610-7288**

\_\_\_\_\_ (*name of company*)

**Address:**

**City, State, Zip**

**Contact Person:**

**Phone Number:**

**Email Address:**

**Fax Number:**

**Agreed by Authorized Representatives:**

\_\_\_\_\_  
(*name of company*)

**Association of Laboratory Immunologists**

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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Title