

AOCD
Product Theater Agreement

Between _____ (hereinafter, "Activity Sponsor"), and American Osteopathic College of Dermatology located at 2902 N Baltimore St., Kirksville, MO 63501.

Meeting Date _____

Title of Activity _____ **Activity Sponsor:** _____

Speaker Name _____

Address _____ **City/ST/Zip** _____

Contact Name _____ **Contact Title** _____

Contact Telephone _____ **E-mail Address** _____

Onsite Contact Name _____ **Onsite Contact Title** _____

Onsite Contact Phone _____ **Onsite Contact E-mail** _____

Product Theater Presentation Content Summary _____

Total cost of this event _____

All payments are due to AOCD within 30 days of activity. Please remit payment to the American Osteopathic College of Dermatology, P.O. Box 7525, Kirksville, MO 63501. Tax ID Number 38-6086295

American Osteopathic College of Dermatology

Activity Sponsor:

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Please return application to the American Osteopathic College of Dermatology:
Marsha A. Wise
American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501