

AOCD Current Concepts in Dermatology Sponsorship Registration Form

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Contact Person _____ Email Address _____

On-Site Contact _____ Email Address _____

- | | |
|--|--|
| <input type="checkbox"/> Daily Breakfast in the Exhibit Hall | \$5,000 per breakfast |
| <input type="checkbox"/> Beverage Break Stations | \$3,000 per break |
| <input type="checkbox"/> Custom Room Keys | \$5000 |
| <input type="checkbox"/> Water Bottles | \$5000 |
| <input type="checkbox"/> Coffee Sleeves & Beverage Napkins | \$2,000 |
| <input type="checkbox"/> Attendee Conference Tote Bag | \$6,000 |
| <input type="checkbox"/> T-Shirts | \$7,000 |
| <input type="checkbox"/> Registration Portfolios | \$3,000 |
| <input type="checkbox"/> Lanyards and Badge Supplies | \$5000 |
| <input type="checkbox"/> Bag Inserts | \$3000 (must be received by September 1 at the AOCD office.) |
| <input type="checkbox"/> Reception Activity Sponsor | \$3000 (photo booth, DJ, caricature artist, other) |

Total Amount Enclosed \$ _____

Payment Information: Check Enclosed Bill my credit card for the amount \$ _____

Please contact jwise@aocd.org for a credit card authorization form.

Please return form by fax at 660-627-2623, or by email to: jwise@aocd.org or by mail to:

AOCD
PO Box 7525
Kirksville, MO 63501

CONDITIONS

Ancillary Promotional Activities: no promotional activities will be permitted in the same room or obligate path as the educational activity.
No product advertisements will be permitted in the program room.

The Company agrees to abide by all requirements of the AOA Guidelines for Relationships between Accredited Sponsors and Company of CME as well as all requirements of the **ACCME Standards for Commercial Support**.

The **American Osteopathic College of Dermatology** agrees to:

- 1) abide by the ACCME and AOA Guidelines for Relationships between Accredited Sponsors and Company of CME;
- 2) acknowledge support from the Company in program brochures, syllabi, and other program materials, and
- 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

Company Representative (print name)

Email

Company Representative Title

Signature

Date

AOCD: **Marsha A. Wise**
 Executive Director

mwise@aocd.org

Signature

Date

