



Letter of Agreement and Disclosure for ISOMS Educational Programs
Between Illinois Society of Oral and Maxillofacial Surgeons and

(Company/Sponsor)

Title of Continuing Education Activity _____

Location _____

Contact Person _____

City/State/Zip Code _____

Telephone _____ Em _____

The above-named company wishes to provide support for the named CE activity by means of

Speaker (Name) _____

Including (expenses/specify) _____

_____ All Expenses _____ Travel Only _____ Honorarium (Amount) _____

Support for Catering (Food) in the amount of \$ _____

Equipment rental, printing, etc. Please specify _____

Conditions:

Statement of Purpose: 1) The program is for scientific and educational purposes only and will not promote the products of the company directly.

2) Control of Content & Selection of Presenters and Moderators: Sponsor is responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the program. The company or its agents will respond only to sponsor-initiated requests for suggestions or presenters or sources of possible presenters. The company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between the company and speaker and will provide this information in writing. Sponsor will record the role of the company, or its agents.

Agreed:

Customer/Company Representative _____

Signature _____ Date _____

Course Director _____

Signature _____ Date _____

CE Director _____

Signature _____ Date _____

Reviewed 3/11/2011