

Dear Sir/Madam:

I would personally like to invite you to our upcoming Conference on Non-melanoma Skin Cancers to be held at the Tampa Westshore Marriott hotel on April 26-27, 2014. Since non-melanoma skin cancers, particularly basal cell carcinoma and squamous cell carcinoma represent the most common of all cancers; we anticipate great interest in this topic.

This conference is a fantastic opportunity for you and your company to present its goods/services to those decision makers in this field as well as to be able to network with others.

All sponsors may have their literature or “give-aways” included in the conference packet. The following sponsorship levels are available. The benefits are cumulative.

- \$500 vendor table
- \$1,000 your speaker may present
- \$1,500 logo on conference bag, recognized as coffee break sponsor (3 available)
- \$2,000 second table from classroom entrance, recognized as breakfast or lunch sponsor (2 available)
- \$3,000 table nearest classroom entrance, recognized as poolside reception sponsor (2 available)

Please call me at 813-880-7546 to discuss the possibilities.

Sincerely yours,

Robert Norman DO

**LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE
CONTINUING MEDICAL EDUCATION
1858 W. GRANDVIEW BLVD.
ERIE, PA 16509
(814) 866-6641 FAX (814) 866-8408
www.lecom.edu/cme**

EDUCATIONAL GRANT LETTER OF AGREEMENT

For CME Activity: Practical NMSC Conference: from Diagnosis to Therapy
Location: Westshore Marriott Hotel, Tampa, Florida
Date: April 26 to 27, 2014

This letter of agreement is made between the Lake Erie College of Osteopathic Medicine (LECOM)
_____ (Company) regarding the use of contributed funds for continuing
medical education activities.

Company Representative _____
Address _____
City, State, ZipCode _____
Telephone _____ FAX _____

The above Company wishes to provide support for the named continuing medical education Activity by means of an unrestricted educational grant in the amount of \$_____ for support of the Medical CME Activity to cover the costs and expenses related to the lecture

A report concerning any additional expenditure of funds in support of this Activity (honoraria, social events, etc.) must be mailed to: R&W Medical, c/o Robert Norman DO, 8002 Gunn Hwy, Tampa Florida 33626

The Company agrees to abide by all requirements of the ACCME & AOA Standards for Commercial Support of Continuing Medical Education.

The accredited Sponsor agrees to: 1) abide by the AOA and ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the Company in Activity brochures, syllabi, and other Activity materials, and 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

AGREED

Company Representative	_____	Sponsor Representative	Pierre A. Bellicini
Title	_____		Director of Communications/CME
Signature	_____		_____
Date	_____		February 2, 2006

CONDITIONS

1. **Statement of Purpose:** Activity is for scientific and educational purposes only.
2. **Control of Content & Selection of Presenters & Moderators:** Accredited Sponsor is solely responsible for control of content and selection of presenters and moderators. Company will respond only to Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; disclose financial or other relationships between Company and speaker, and provide this information in writing. Sponsor will document role of Company in suggesting presenter; seek suggestions from other sources, and make decisions on presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** Sponsor will ensure “meaningful” disclosure of speakers’ relationships with commercial entities.
4. **Involvement in Content:** There will be no “scripting,” emphasis, or influence on content by the Company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room as the educational Activity. No product advertisements will be permitted in the Activity room.
6. **Objectivity & Balance:** Sponsor will make every effort to ensure that data are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product and/or alternative treatments.
7. **Limitations on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Opportunities for Debate:** Sponsor will ensure meaningful opportunities for questioning or scientific debate.
9. **Independence of Sponsor in the use of Contributed Funds:**
 - a. Funds should be in the form of an educational grant made payable to: R&W Medical , 8002 Gunn Hwy, Tampa FL 33626
 - b. The terms, conditions, and purposes of the educational grant will be documented in this letter of agreement.
 - c. All support associated with this CME Activity must be given with the full knowledge and approval of the Lake Erie College of Osteopathic Medicine.
 - d. No other funds from the Company will be paid to the activity director, faculty, or others involved with the CME Activity (e.g., additional honoraria, extra social events, etc.).

SEMINAR SPONSORSHIP/DISCLOSURE FORM

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Event: Practical NMSC Conference: from Diagnosis to Therapy

Date: April 26 to 27, 2014

Sponsoring Company:

Address:

City: _____ State: _____ Zip: _____ -

Name of Company Representative:

Address:

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Speaker's Name:

Sponsor's relationship with guest speaker (consultant, investigator, stock owner, etc.):

The above company wishes to provide support for the named continuing medical education activity by means of (indicate which option):

Educational Grant in the amount of \$ _____ for the support of programming,

OR

All speaker expenses (to include travel, lodging, meals and honoraria) \$ _____

- OR -

Travel \$ _____

Lodging \$ _____

Meals \$ _____

Honoraria \$ _____

Check issued by _____
Support for catering functions (specify) in the amount of \$ _____

Other \$ _____ Purpose: _____

Signature of Company Representative

Date

Signature of LECOM Program Coordinator

Date

Failure to fully disclose the nature of any financial donations may cause your company to be banned from involvement with future accredited LECOM CME programs.