## Industry Support Agreement

<table>
<thead>
<tr>
<th>Company Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Company Address:</td>
<td></td>
</tr>
<tr>
<td>Company Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>On-Site Contact Name (if different than above):</td>
<td></td>
</tr>
<tr>
<td>On-Site Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

### CONDITIONS AND GUIDELINES:

Please read the following carefully and provide a copy to your company’s onsite representative.

**Definition** - Commercial exhibits, advertisements, and industry-planned events are ‘promotional activities’ and not continuing medical education. Therefore, monies paid by a commercial interest to ASNC for these promotional activities are **not considered to be commercial support for the CME activity**.

**Separation from CME** - Promotional activities will have a separate time, location and promotion from the CME activity. Arrangements for commercial exhibits, ads, or other promotional activities cannot influence the CME planning, nor interfere with the CME presentation, nor can they be a condition of the provision of commercial support for the CME activity. Arrangements for any commercial (grant) support of the CME activity will be under a completely separate written agreement.

**Ads/Promos** - Advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after the CME activity.

**Fees** - Promotional fees are not considered commercial support and will not be acknowledged as educational grants.

**Staffing** - All company representatives are expected to contribute to the professional environment of the CME activity and must conduct themselves in a professional manner. The ASNC reserves the right to make onsite judgments regarding any conduct that detracts from the professional environment of the CME activity and to take appropriate steps to curtail such conduct, if necessary.

**Social Events** - Social events or meals at the CME activity cannot compete with or take precedence over the CME activity. Industry-sponsored social events must be approved by the ASNC in advance, even if the events are off-site and do not compete with the CME activity.

**Adherence to Exhibitor and Promotional Activity Guidelines** – It is the responsibility of the ‘Company’ to distribute these and all other ASNC conditions and guidelines to all company representatives attending the CME activity and/or working the exhibit/promotional activity space.

### PLEASE COMPLETE THE BOX BELOW:

I have read, and agree to abide by all ASNC conditions and guidelines for exhibits and promotional activities.

**Authorized Representative's Name:** (Please type or print) ____________________________________________

**Title:** ____________________________________________

**Signature:** ____________________________ **Date:** ____________________________

**Phone:** ____________________________ **E-mail:** ____________________________
American Society of Nuclear Cardiology
And

LETTER OF AGREEMENT

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COST</th>
<th>ACTIVITY</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total amount of sponsorship $USD: ____________________

TERMS, CONDITIONS, AND PURPOSES

ASNC Deliverables

Sponsor Deliverables

ANSC owns the copyright of all logos, ASCN-developed documents, events-related materials, and any and all ASNC-related collateral and ________________________ may not use any item directly or indirectly related to ASNC without prior written consent.

Sponsor must/agrees to submit all materials to ASNC for approval prior to printing, emailing, mailing, or any other type of distribution.

Name of Accredited Provider: American Society of Nuclear Cardiology

Tax ID Number: 52-1813311

Bridget Burke
Contact Person

bburke@asnc.org
Email Address

Phone Number: 703-459-2557

Fax Number: 301-215-7113

NAME OF COMMERCIAL INTEREST:

ADDRESS

CONTACT PERSON

EMAIL ADDRESS

PHONE

FAX

AGREED BY AUTHORIZED REPRESENTATIVES

Commercial interest—Company

Provider—ASNC

SIGNATURE AND DATE

SIGNATURE AND DATE

PRINT NAME

PRINT NAME

TITLE

TITLE