



COMMERCIAL SUPPORT AGREEMENT

The Society of Cardiovascular Anesthesiologists (SCA) is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests.

Society of Cardiovascular Anesthesiologists
14th Annual Comprehensive Review & Update of Perioperative Echo
Sheraton San Diego Hotel & Marina, San Diego, CA,
February 7-12, 2011

Terms, Conditions, and Purposes

Independence

AMOUNT OF GRANT \$ _____

- 1. This activity is for scientific and educational purposes only...
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs...

Appropriate Use of Commercial Support

- 3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds...
4. The Commercial Interest will not require the Accredited Provider to accept advice or services...
5. All commercial support associated with this activity will be given with the full knowledge and approval...
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation...

Commercial Promotion

- 7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity.

Disclosure

- 9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants...

The Commercial Supporter and The Society of Cardiovascular Anesthesiologists (SCA) agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education (appended).

* The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Accredited Provider: Society of Cardiovascular Anesthesiologists (SCA) Tax ID # 72-0863580
Payment Method: Check One [] check enclosed [] check forthcoming [] VISA [] M/C [] Amex [] Discover
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Card # _____ Exp. Date _____

Agreed by Authorized Representatives

Commercial Interest
Your Signature _____ Date _____
Print Name _____
Title _____
Company / Organization _____
Address _____
City / State / Zip _____
Phone: _____
Fax: _____ Email: _____

Accredited Provider
SCA Signature _____ Date _____
Fax or mail this form and send payment to:
Society of Cardiovascular Anesthesiologists
2209 Dickens Road
Richmond, VA 23230
Phone: 804-550-2312
Fax: 804-550-0695
Attn: Matt Van Wie
Manager, Corporate & Educational Support
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SCA Supporter Information: www.esvw.com/sca
SCA Website: www.scahq.org
SCA Tax ID # 72-0863580
SCA is a 501 (c) (3) Organization
PLEASE PROVIDE YOUR EMAIL ADDRESS: