



Statement of Agreement

(Regarding Terms, Conditions, and Purposes of Exhibitors)

Between the Georgia Society of Anesthesiologists, Inc. and

(Company)

Title of CME Activity: **Georgia Society of Anesthesiologists 2013 Summer Meeting**

Location: Omni Oceanfront Resort, Hilton Head, South Carolina

Date(s) July 20-21, 2013

Exhibitor Representative _____

Mailing Address _____

Telephone _____ Fax _____

E-mail: _____ Cell: _____

The above company wishes to participate in the named continuing medical education activity by means of the following indicated option:

- Tabletop Display in Exhibition Hall: In the Amount of \$ _____ (Put amount you selected from registration form.)

CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote a company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, 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; will disclose financial or other relationships between company and speaker; and will provide this information herein. Sponsor will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationship:** Sponsor will ensure disclosure to the audience of (a) company funding, and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.

4. **Content Involvement:** There will be no “scripting,” emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities or advertisements will be permitted in the same room as the educational activity.
6. **Objectivity & Balance:** Sponsor will make every effort to ensure that data regarding the company’s products (or competing products) are objectively selected and presented, including balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** Sponsor will ensure, to the extent possible, disclosure of limitations of data, (e.g. ongoing research, interim analysis, preliminary data, or unsupported opinion.)
8. **Discussion of Unproved Uses:** Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** Sponsor will ensure opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the Use of Contributed Funds:**
 - A. Funds should be in the form of an educational grant made payable to **Georgia Society of Anesthesiologists** (Tax ID#58-1664831) and mailed to GSA, 1231 Collier Road, NW, Suite J, Atlanta, GA, 30318.
 - B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and prior approval of Georgia Society of Anesthesiologists.
 - C. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (e.g. additional honoraria, extra social events, etc.).

AGREEMENTS

The Commercial Supporter agrees to:

1. Abide by all requirements of the ACCME standards for Commercial Support of Continuing Medical Education, and the provisions of the AMA’s Code of Medical Ethics. Appended.

Commercial Company Authorized Representative:

Signature _____ Date _____

The Accredited Sponsor agrees to:

1. Abide by the ACCME Standards for Commercial Support of Continuing Medical Education;
2. Publicly acknowledge educational support from the commercial company; and
3. Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

GSA Authorized Representative:

Signature _____ Date _____