SPONSORSHIP AGREEMENT (SAMPLE)

The UBC CPD Guidelines for Support state the terms, conditions, and purposes by which commercial sponsorship provided must be documented in a written agreement that is signed by the Physician Organization and for-profit/not-for-profit sponsors.

The following is a sample of a written agreement that can be signed by both parties.

[CPD Activity Title] [Dates] [Location]

Platinum Sponsor \$10,000+	 Verbal acknowledgement as major sponsor during welcoming remarks (unaccredited time) 5 x Complimentary registrations for company representatives to audit the conference 1 x trade table at first choice of location Written acknowledgement of sponsorship in syllabus, onsite signage and slideshow
Gold Sponsor \$7,500	 Verbal acknowledgement as major sponsor during welcoming remarks 3 x Complimentary registrations for company representatives to audit the conference 1 x trade table at choice of location Written acknowledgement of sponsorship in syllabus, onsite signage and slideshow
Silver Sponsor \$5,000	2x Complimentary registrations for company representatives to audit the conference 1 x trade table at choice of location Written acknowledgement of sponsorship in syllabus, onsite signage and slideshow
Bronze Sponsor \$2,500	 1 x Complimentary registration for company representatives to audit the conference 1 x trade table (assigned location) Written acknowledgement of sponsorship in syllabus, onsite signage and slideshow

Contact	Person:				
Contact Details:					
Please select one:					
	Platinum				
	Gold				
	Silver				

Company Name:

☐ Bronze	!				
Subtotal Total Payable	\$\$	_ + GST _ Payable to [Physician O	rganization Name]		
We understand by submitting this agreement to the [Physician Organization] that we are contractually obligated to guarantee payment prior to the conference dates. By signing this contract we are responsible for the amount of our selected educational sponsorship grant in exchange for the sponsorship opportunities listed in the invitation letter. We understand that we cannot forfeit or reduce our support grant once this agreement is signed.					
Signature (Company) Signature (Physician		Date			
Organization)		Date			