

Physician organization and program name here

NOTE TO APPLICANTS: The terms, conditions and purposes of commercial support must be documented in a written, countersigned agreement between the commercial sponsor and the physician organization. Below is a sample sponsorship agreement that includes the sponsor opportunities permitted for an accredited program; but the amounts should be based on your own program income and expenses. If you have an existing sponsorship agreement, this below may be added as addendum. GST may or may not apply, depending on your organization's tax treatment. Delete these instructions before using this template.

Sponsorship Agreement (sample)

CPD Activity Title: _____

Date(s): _____

Location: _____

SELECT SPONSORSHIP LEVEL:

<input type="checkbox"/>	Gold Sponsor [\$5,000]	<ul style="list-style-type: none">· 1 x trade table at first choice of location· 3 x complimentary registrations for company representatives to audit the CPD activity· Verbal acknowledgement as sponsor during welcoming remarks (unaccredited time)· Written acknowledgement in program materials and signage (separate from education)· Inclusion of logo on thank you slide displayed on screen during breaks
<input type="checkbox"/>	Silver Sponsor [\$3,000]	<ul style="list-style-type: none">· 1 x trade table at choice of location· 2 x complimentary registrations for company representatives to audit the CPD activity· Verbal acknowledgement as sponsor during welcoming remarks (unaccredited time)· Written acknowledgement in program materials and signage (separate from education)· Inclusion of logo on thank you slide displayed on screen during breaks
<input type="checkbox"/>	Bronze Sponsor [\$1,500]	<ul style="list-style-type: none">· 1 x trade table at first choice of location· 3 x complimentary registrations for company representatives to audit the CPD activity· Verbal acknowledgement as sponsor during welcoming remarks (unaccredited time)· Written acknowledgement in program materials and signage (separate from education)· Inclusion of logo on thank you slide displayed on screen during breaks

Company Name: _____

Contact Person: _____

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Contact Details: _____

TOTAL DUE \$ _____

We acknowledge and agree to comply with the following:

- We understand by submitting this agreement that we are contractually obligated to guarantee payment prior to the CPD activity 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 agreement. We understand that we cannot forfeit or reduce our support once this agreement is signed.
- Adherence to the [UBC CPD Ethical Standards](#), which are based on the [National Standard](#), is required for the approval of all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians.
- Specific interests of any sponsor must have no direct or indirect influence on the content and/or materials of an accredited CPD activity.
- Decision-making for all program elements is under the exclusive control of the scientific planning committee (SPC).

Sponsor signature:

Signature _____ **Name** _____ **Date** _____

Countersignature by physician organization accountable physician:

Signature _____ **Name** _____ **Date** _____