

The terms, conditions and purposes of commercial support must be documented in a written, countersigned agreement between the commercial sponsor and the physician organization.

The following is a sponsorship agreement template that includes the requirements for a written agreement, to be signed by the sponsor and countersigned by the physician organization. Only the approved sponsorship opportunities may be offered, but **amounts should be based on your program budget's income and expenses**. If you have an existing agreement, this should be added as addendum. GST may or may not apply, depending on your organization's tax treatment.

Sponsorship Agreement (Example)

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: _____

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 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** _____