



Summer Meeting

Continuing Education Session Sponsorship

Attached is a Continuing Education Session Sponsor Registration Form, as well as a Commercial Supporter Education Grant Agreement which is required by the Texas Nurses Association for all sponsorships related to Nursing Continuing Education.

If you have questions, please contact Angela Freeman (afreeman@txhca.org) via e-mail or at 512-458-1257. Please fill out the enclosed registration form and Commercial Support Agreement today and return it, along with your check or credit card information, to THCA-EF, PO Box 4554, Austin, TX 78765.

NOTE: Your Company must be a THCA Member in good standing to participate in this event.

Continuing Education Session Sponsorship Registration Form
Texas Health Care Association
July 13-16, 2009

Please initial in the space below showing your interest in being a sponsor.

_____ **Yes, we definitely want to serve as a sponsor at the THCA Summer Meeting Continuing Education Sessions.** To serve as a Sponsor, please enclose a check or credit card information for \$500.00.

Company Name: _____

Contact: _____

Address: _____ **City** _____ **State** _____

Zip Code: _____ **Phone Number** _____

Email: _____

Details:

1. Your company name will be displayed at each education session over three days at the THCA Annual Summer Meeting.
2. Location: Hyatt Lost Pines Resort & Spa, Bastrop, TX.

Check/Money Order/Credit - Amt. Enclosed: _____ **(Add 5% to total amount due**

if paying by credit card.)

Credit Card: Visa _____, **M/C** _____, **Amex** _____ **(No Debit Cards Accepted)**

Card Number: _____ - _____ - _____ - _____ **Exp.** _____

Name on Credit Card _____

Billing Address of Card if different from above: _____

Authorized Signature: _____

Your check for \$500.00 or more or your credit card information for \$500.00 or more must accompany this form. Please make checks payable to Texas Health Care Association - Education Foundation and either mail your completed agreement and check to Angela at THCA, P.O. Box 4554, Austin, TX 78756 or fax your completed agreement and credit card information to Angela at 512.467.9575.

Commercial Supporter Education Grant Agreement

Between

Texas Health Care Association Education Foundation
4214 Medical Parkway Suite 300
Austin, TX 78756

And

_____ (Commercial Supporter)

The parties have agreed that Commercial Supporter shall contribute funds to the Provider for continuing nursing education activities, on the following terms and conditions:

1. The Provider shall use funds contributed by Commercial Supporter for the following program:

Title of Program: THCA Summer Meeting

Number of Up to 18 hours
Contact Hours:

Location of
Activity:

Hyatt Lost Pines Resort & Spa, Bastrop, TX

Date: July 13-16, 2009

2. **Funding**

- 2.1 Commercial Supporter shall provide funds for this program by means of:

An unrestricted educational grant in the total amount of \$_____ for support of the program(s). A detailed budget will be submitted upon request.

A restricted educational grant to reimburse speaker expenses and/or other activities designated by the Commercial Supporter as follows:
\$500 – expenses related to education session

- 2.2 Commercial Supporter shall pay the amount(s) specified above to the Provider as follows: **via check or credit card prior to July 10, 2009**

- 2.3 Commercial Supporter shall make the check payable as follows:
Texas Health Care Association – Education Foundation (THCA-EF)

- 2.4 Upon request, the Provider shall provide to the Commercial Supporter, a report, in reasonable detail, accounting for the expenditure of funds provided.

3. **Statement of Purpose.** The Commercial Supporter and Provider agree that the program is for scientific and educational purposes and not for the purpose of promoting any product. Any discussion of Commercial Supporter products shall be objective, balanced and scientifically rigorous.
4. **Control of Content.** The Provider shall be solely responsible for control of program objectives and content, and the selection of presenters.
5. **Payment of Funds.** Funding provided hereunder shall be paid by Commercial Supporter only to the Provider or, upon request, to the Providers designated agent, and no other funds shall be paid by Company to individuals involved in the Program. Commercial Supporter's financial responsibility is limited to the grant provided to the Provider; claims for payment by subcontractors or third parties involved in the Program are the sole responsibility of the Commercial Supporter.
6. **Disclosure of Financial Relationships.** The Provider shall disclose at the time of the Program/Activity and to the attendees, verbally or in written materials, Commercial Supporter funding activities and any significant relationships between the Provider and Commercial Supporter, and individual presenters or moderators and Commercial Supporter.
7. **Acknowledgment of Support.** The Provider shall acknowledge the educational support of the Commercial Supporter in Program/activity brochures and other program materials. Corporate sponsorship does not constitute endorsement by the American Nurses Credential Center's Commission on Accreditation (ANCC COA), the Texas Nurses Association (TNA) or Provider Unit Name.
8. **Standards.** The Provider and the Commercial Supporter agree to abide by the requirements of the ANCC COA and TNA criteria for Commercial Support of Continuing Nursing Education and the current Food and Drug Administration Policy Statement on Industry Supported Scientific and Educational Activities, which is incorporated by reference herein. Commercial Supporter will not be liable for any departure from ANCC COA and TNA criteria, which occurs through no fault of Commercial Supporter.

The parties, intending to be bound by the terms and conditions of this Agreement, have caused this agreement to be signed by their duly authorized representatives.

PROVIDER:
 By: Texas Health Care Association

 Name: Angela Freeman
 Title: Director of Event Planning
 Date: 6/1/09

Commercial Supporter:
 By:

 Name: _____
 Title: _____
 Date: _____