

The Florida Neurosurgical Society

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TO OUR CORPORATE FRIENDS:

You are enthusiastically invited to participate in The Florida Neurosurgical Society's 2009 Annual Meeting, scheduled for February 20-22, at Innisbrook Resort and Golf Club in Palm Harbor, (near Tampa) Florida.

This year we are inviting a National audience and anticipate high attendance numbers. An exhibit at this meeting will provide your company with the opportunity meet face to face with Neurosurgeons from all over the Country.

In order to ensure a successful event, your support is key. Please take a moment to review the attached application form and letter of agreement. We are hopeful that you will join us at one of Florida's best golf resorts.

Thank you for your consideration. If you have any questions, or would like additional information, please don't hesitate to contact me at 904-786-0846.

Sincerely,

A handwritten signature in cursive script that reads 'Crystal Faucett'.

Crystal Faucett
Administrative Director

Attachments

FLORIDA NEUROSURGICAL SOCIETY ■ 2009 EXHIBIT APPLICATION

This Application must be accompanied by the Letter of Agreement and Payment in Full

COMPANY NAME _____

Web Address _____

Mailing Address _____

City/State/Zip _____

hereby applies for Exhibit Space at the Annual Meeting
February 20-22 ■ Innisbrook Resort & Golf Club ■ Palm Harbor, Florida

Authorized Signature _____ Printed Name _____

Phone _____ Fax _____ Email _____

EXHIBIT FEE (6' skirted table, Friday Evening, Saturday. and Sunday morning) \$950.00

Will Exhibit Require Electricity? Yes \$ 75.00

No

EXHIBIT DESCRIPTION (MUST Be Completed)

Specific product(s) or items you will display: _____

Very briefly (75 word maximum) tell about your company and its product(s). This will be printed in the onsite program under "Exhibitor Information":

REPRESENTATIVES: Please list the names of all representatives who will be at the 2009 Annual Meeting in conjunction with your exhibit and indicate who is to be in charge of the exhibit on site. Registration for TWO representatives is included in the Exhibit Fee; an additional \$100 registration fee is required for each additional representative. (A maximum of four reps per exhibit) If you do not know at this time who will attend the meeting, please furnish the names as soon as they are available.

IN-CHARGE Name _____ N/C

Name _____ N/C

Name _____ \$ 100.00

Name _____ \$ 100.00

TOTAL FEES ENCLOSED (Exhibit Fee + Electricity + Additional Reps) \$ _____

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY
AND SIGN BELOW

**Exhibit Space Cannot Be Assigned
Unless This Form Contains An Authorized Signature
and is Accompanied by the Letter of Agreement and Payment in Full.**

RESPONSIBILITY AGREEMENT

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Florida Neurosurgical Society (FNS), The host facility, affiliates, officers, directors, agents, employees and partners of each, ("Indemnified Parties") harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2008 Exhibitor Rules and Regulations, those on this application and those which may be set forth in the future in connection with the 2008 Annual Meeting. We/I further acknowledge that FNS reserves the right to reject, at its discretion, any application to exhibit.

AUTHORIZED SIGNATURE _____

Typed or Printed Name _____

Title _____ Date _____

Space will be assigned on a first come - first served basis.

Please mail your completed application along with the Letter of Agreement and your payment to:

THE FLORIDA NEUROSURGICAL SOCIETY
Crystal Faucett, Administrative Director
P.O. Box 7040
Jacksonville, FL 32238

ALL EXHIBIT APPLICATIONS MUST BE RECEIVED BY
JANUARY 30, 2009
in order to be included in the onsite Program

2009 ANNUAL MEETING

Florida Neurosurgical Society

LETTER OF AGREEMENT for COMMERCIAL SUPPORT

Regarding Terms, Conditions and Purposes of an Educational Grant

TO: Commercial Company/Supporting Organization Providing Support

By signing below, you are acknowledging that you agree to comply with the Standards for Commercial Support of CME of the ACCME, the AMA Guidelines on Gifts to Physicians from Industry and the Pharmaceutical Manufacturers Association Code of Pharmaceutical Marketing Practices.

This is a letter of agreement between Florida Neurosurgical Society and:

Supporting Organization (SO): _____

Address of SO: _____

City, State, Zip: _____

SO Representative: _____

Telephone Number: _____ FAX Number: _____

Title of CME Activity: 2008 Annual Meeting
Location: Innisbrook Resort and Golf Club, Palm Harbor FL
Date(s): Feb 20 - Feb 22, 2008

ALL FINANCIAL SUPPORT OF ANY TYPE FOR A CME ACTIVITY MUST BE IN THE FORM OF AN EDUCATIONAL GRANT MADE PAYABLE TO FLORIDA NEUROSURGICAL SOCIETY.

The supporting organization listed above may offer support for the named continuing medical education activity by means of (indicate which option):

1. Unrestricted educational grant for support of the CME activity in the amount of \$ _____

2. Estimated restricted grant to reimburse expenses for:

- A. Speaker(s) 1. _____
2. _____

To Include - All Expenses: _____ Travel Only: _____ Honorarium Only: _____

Honorarium Amount (must be determined by Activity Director): \$ _____

B. Support for catering functions (specify): _____
in the amount of \$ _____.

C. Other (e.g., equipment loan, brochure distribution, etc.): _____

D. Exhibit Space Rental: \$950

Please see reverse side

CONDITIONS

1. **Statement of Purpose:** This activity is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** FNS and the sponsoring organization are 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 in writing. Sponsor and FNS will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** FNS and the sponsoring organization will ensure disclosure to the audience of a), company funding, and b), any significant relationship between the sponsor and FNS, or between individual speakers or moderators and supporting organization.
4. **Involvement in Content:** There will no "scripting", emphasis, or influence on content by the supporting organization or its representative(s).
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the activity room.
6. **Objectivity & Balance:** Sponsor and FNS will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** FNS and sponsoring organization will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** FNS and sponsoring organization will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** FNS and sponsoring organization will ensure opportunities for questioning or scientific debate.
10. **Independence of FNS and sponsoring organization in the use of Contributed Funds:**
 - a. Funds should be in the form of an educational grant made payable to Florida Neurosurgical Society.
 - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the FNS.
 - c. No other funds from the commercial company will be paid to the Activity Director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

AGREED:

The FNS has agreed to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in brochures, syllabi, and other CME activity materials, and 3) upon request, furnish the supporting organization with a copy of the Grant Accounting Form outlining the expenditure of the funds provided.

The supporting organization agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

The supporting organization agrees that all aspects of the activity shall be the responsibility of the FNS, and will not be subject to influence by the supporting organization.

Supporting Organization Representative (typed name): _____

Signature: _____ Date _____

FNS Activity Director (typed name): Patrick Jacob, M.D.

Signature: _____ Date September 1, 2008