



Vendor Participation Form

NHMI's 24th Orthopaedic Winter Meeting

The Stoweflake Mountain Resort & Spa

January 24-25, 2025

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I, _____, of _____ (or my representative)...

Choose one:

_____ will attend the 24th NHMI Orthopaedic Winter Meeting to be held January 24-25, 2025, at the Stoweflake Mountain Resort & Spa (Stowe, VT) for the purpose of displaying my products. Enclosed, please find my check (indicate amount by circling below) to reserve my exhibit table.

_____ will not attend the meeting but wish to be a sponsor. Enclosed please find my check for (specify amount) _____. I understand my company's logo will be included in Winter Meeting publicity.

<p>Gold Sponsor Includes access to attendee list with contact information with attendee permission, 1 large exhibit table with premium location, recognition on NHMI webpage, event signage, and includes reception tickets for 4 representatives. Member registration rate applies for employees of sponsors at this level.</p>	<p>\$5,000</p>
<p>Silver Sponsor Includes access to attendee list with contact information with attendee permission, 1 large exhibit table, recognition on NHMI webpage, event signage, and includes reception tickets for 2 representatives. Member registration rate applies for employees of sponsors at this level.</p>	<p>\$4,000</p>
<p>Exhibitor Includes access to attendee list with names only with attendee permission, 1 small exhibit table, event signage, and reception tickets for 2 representatives.</p>	<p>\$3,000</p>

PLEASE RETURN THIS FORM ALONG WITH YOUR DIGITAL LOGO AND SPONSORSHIP CHECK BY NOVEMBER 30, 2024. Make checks payable to NHMI, TIN: 02-0471046. Visit <https://www.nhmi.net/winter-meeting-vendor-reg.html> to pay by credit card.

THANK YOU!



Letter of Agreement

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Regarding Terms, Conditions and Purposes of sponsorship/support for an educational event between _____ (Commercial Supporter/Sponsor) and NH Musculoskeletal Institute (Company).

(FORM MUST BE TYPED OR PRINTED LEGIBLY)

Title of CME Activity: 24th NHMI Orthopaedic Winter Meeting

NH Musculoskeletal Institute and Commercial Supporter/Sponsor agree to the presentation of the above CME Activity to be held on January 24-25, 2025, at The Stoweflake Mountain Resort & Spa in Stowe, VT by multiple presenters as selected by NH Musculoskeletal Institute. In managing this presentation, NH Musculoskeletal Institute and Commercial Supporter/Sponsor shall follow the Conditions referenced and attached to this letter of agreement.

Commercial Supporter/Sponsor (Company Name/Branch) _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Contact Person: _____

Cell: _____ E-mail: _____

The above Commercial Supporter/Sponsor wishes to provide support for the above continuing education activity and agrees to abide by these conditions:

CONDITIONS:

1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the Commercial Supporter's/Sponsor's products, directly or indirectly.
2. Control of Content & Selection of Presenters & Moderators: NH Musculoskeletal Institute is responsible for the control of content and selection of presenters and moderators. The Commercial Supporter/Sponsor, or its agents, agrees not to direct the content of the program and will respond only to requests for suggestion of presenters or moderators. The Commercial Supporter/Sponsor will suggest more than one name (if possible) will provide speaker qualifications, will disclose financial or other relationships between the Commercial Supporter/Sponsor and speaker, and will provide this information in writing. NH Musculoskeletal Institute will record role of Commercial Supporter/Sponsor, or its agents, in suggesting speaker(s), will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence. The Commercial Supporter/Sponsor does not have an expectation of preferential treatment by NH Musculoskeletal Institute and will not receive preferential treatment from NH Musculoskeletal Institute as a result of the sponsorship.



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Conditions, Cont.

3. Disclosure of Financial Relationships: The NH Musculoskeletal Institute will ensure meaningful disclosure to the audience, at the time of the program of (a) commercial support/sponsorship and (b) any significant relationship between the Commercial Supporter/Sponsor and NH Musculoskeletal Institute (e.g. sponsorship recipient) or between the individual speakers or moderators and the Commercial Supporter/Sponsor.

4. Involvement in Content: There will be no "scripting," emphasis, or direction of content by the Commercial Supporter/Sponsor or its agents.

5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or obligate the path of the educational activity. No program advertisements will be permitted in the program room.

6. Objectivity & Balance: NH Musculoskeletal Institute will make every effort to ensure that data regarding the Commercial Supporter's/Sponsor'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 on Data: NH Musculoskeletal Institute will ensure, to the extent possible, disclosure of limitation on data, e.g. ongoing research, interim analyses, preliminary data, or unsupported opinion.

8. Discussion of Unapproved Uses: NH Musculoskeletal Institute will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. Opportunities for Debate: NH Musculoskeletal Institute will ensure opportunities for questioning or scientific debate.

10. Independence of NH Musculoskeletal Institute in the use of Contributed Funds:

- a. funds should be in the form of a sponsorship made payable to NH Musculoskeletal Institute (accredited provider).
- b. all other support associated with this CME activity (e.g. distributing promotional materials, preparing slides, etc.) must be given with the full knowledge and approval of NH Musculoskeletal Institute (accredited provider).
- c. No other funds from the Commercial Supporter/Sponsor will be paid to the program coordinator, faculty, or others involved with the CME activity (additional honoraria, extra social events).

The Commercial Supporter/Sponsor agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

NH Musculoskeletal Institute agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial supporter/sponsor in promotional mailer and other program materials, and 3) upon request, furnish the commercial supporter/sponsor a report concerning the expenditure of the funds provided.

AGREED

Commercial Supporter/Sponsor Company Representative Name: _____

Signature: _____

Date: _____

Signature: Dawn L. Belmore

Date: October 1, 2024

Program Director, Dawn Belmore, MEd, NHLAT, ATC