

**LETTER OF AGREEMENT**  
**Regarding terms, conditions, and purposes of an educational grant**

This agreement is made between the Kansas Podiatric Medical Association (hereinafter "Approved Provider") 1603 SW 37<sup>th</sup> St., Topeka, Kansas 66611 and (Company Name hereinafter "Grantor")

Title/Location of Activity:

**Kansas Podiatric Medical Association**  
**Annual Educational Meeting**  
**September 14, 17 & 18, 2017**  
**Argosy Hotel, Riverside Missouri**

Commercial Supporter – Company Name (and Division, if applicable):

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

The above company wishes to provide support in the form of an unrestricted educational grant in the amount of:

\$ \_\_\_\_\_

Please note the program title on check and make payable to:

**Kansas Podiatric Medical Association**  
**1603 SW 37<sup>th</sup> St.**  
**Topeka, Kansas 66611-2645**

## CONDITIONS

- 1. Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the Company's products, directly or indirectly.
- 2. Control of Content and Selection of Presenters and Moderators:** Provider is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company, or its agents, will respond only to Provider-initiated requests for suggestions of instructors or sources of possible instructors. The Company will provide in writing: Suggestion of more than one name (if possible), instructor qualifications, and disclosure of financial or other relationship(s) between Company and instructors. Provider will record role of Company, or its agents, in suggesting instructor(s); will seek suggestions from other sources, and will make selection of instructor(s) based on balance and independence.
- 3. Disclosure of Financial Relationships:** Provider will ensure meaningful disclosure to the activity audience, at the time of the program of (a) Company funding and (b) any significant relationship between the Provider and the Company (e.g., grant recipient) or between individual instructors or moderators and the Company.
- 4. Involvement in Content:** There will be no "scripting", emphasis, or direction of content by the Company or its agents.
- 5. Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the program room or in the enduring material.
- 6. Objectivity & Balance:** Provider 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. Limitation on Data:** Provider will ensure, to the extent possible, meaningful disclosure of limitation on data; e.g., ongoing research, interim analysis, preliminary data or unsupported opinion.
- 8. Discussion of Unapproved Uses:** Provider will require that instructors disclose when a product is not approved in the United States for the use under discussion.
- 9. Opportunities for Debate:** Provider will ensure meaningful opportunities for questioning or scientific debate.

**10. Independence of Provider on the Use of Contributed Funds:**

- A. Funds should be in the form of an educational grant made payable to: Kansas Podiatric Medical Association.
- B. Grant funds not used to support the activity will be used for management and oversight of educational activities.
- C. All other support associated with this activity (e.g., advertising, brochures, preparing slides, etc.) must be given with full knowledge and approval of the Kansas Podiatric Medical Association.
- D. No other funds from the commercial Company will be paid to the program director, faculty, or others involved with the continuing education activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the CPME (appended).

The Kansas Podiatric Medical Association agrees to (1) abide by the CPME , (2) acknowledge educational support from the commercial Company in program brochures, syllabi, and other program materials, and (3) upon request, furnish the commercial supporter a report concerning expenditure of the funds provided.

**Agreed**

Commercial Company Representative (Name): Kansas Podiatric Medical Association  
Mark E. Landry, D.P.M. Director,  
Continuing Education

\_\_\_\_\_  
Representative (Name)

\_\_\_\_\_  
(Please Type or Print Clearly) **Mark E. Landry, DPM**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date