



Display Fee Agreement

(Fax, mail, or email form to contact info listed on Request for Exhibit Hall Display form by 5/11/2018 to reserve your table.)

Date: January 10, 2018

Representative Name: _____

Company: _____

Representative Home Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Educational Activity: Missouri Academy of Physician Assistant's Annual Primary Care Update
Dates: Thursday, July 19 - Saturday, July 21, 2018
Location: Hilton Branson Convention Center
200 East Main St, Branson, MO 65616
Phone: 1-417-336-5400 Fax: 1-417-336-5413
MOAPA Tax ID#: 43-1128077 (MOAPA W9 attached)

Display/Exhibit Fee: \$_____ (see support levels in attached document)

- **Make Checks payable to: Missouri Academy of Physician Assistants.
- ** May register online for Credit Card Payment. Checks may be mailed to:
ATTN: Melanie Chisam, PA-C
Wheeler Heart and Vascular Center
3800 South National Avenue, Suite 510, Springfield, MO 65807

This agreement is made between Missouri Academy of Physician Assistants and _____ agrees to provide Missouri Academy of _____
(Company Name) (Company Name)
Physician Assistants with a display fee in the above listed amount.

By signing below, both Missouri Academy of Physician Assistants and _____
(Company Name)

agree to abide by the ACCME Standards for Commercial Support of Continuing Medical Education and the AMA regulations regarding the Physicians' Recognition Award, as well as Missouri Academy of Physician Assistant's Policy for Continuing Education.

_____/_____/_____
MOAPA CME Committee Representative **Sign and Print Name** Date

_____/_____/_____
Company Approved Representative **Sign and Print Name** Date

Company Representatives who will be attending conference (please limit to 2):

1. _____ 2. _____
Representative Name *Representative Name*

The Accreditation Council on Continuing Medical Education Standards and the Missouri Academy of Physician Assistants Continuing Education Policy for Commercial Support includes the following stipulations for management of funds from commercial sources:

1. Independence of the accredited sponsor (Missouri Academy of Physician Assistants) in the use of contributed funds.
 - a. Unrestricted funds should be made payable to the accredited sponsor (Missouri Academy of Physician Assistants) for the support of programming.
 - b. All funds from Commercial sources shall be paid to the Missouri Academy of Physician Assistants and not directly to the director, faculty, participant or others involved with the activity.
2. Payments to faculty of reasonable honoraria and reimbursement of out-of-pocket expenses are customary and proper and the Missouri Academy of Physician Assistants will direct all funds appropriately.
3. Acknowledgement of commercial support may be made in printed announcements preceding or following syllabus content and must be announced to the participants prior to the beginning of the educational activity with no reference to specific products.
4. The Missouri Academy of Physician Assistants will not be required by a commercial interest to accept advice or services concerning faculty/lecturers, authors, participants or other education matters, including content from a commercial interest as condition of securing/accepting contributing funds or services.
5. Upon request, The Missouri Academy of Physician Assistants will report to the commercial supporter information concerning disbursement of funds provided for the educational activity.