



EXHIBITOR & CORPORATE MEMBERSHIP FORMS & AGREEMENT

2009 AMLI Annual Meeting

***ALL PAYMENTS MUST BE ACCOMPANIED BY
A SIGNED LETTER OF AGREEMENT***

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its agents, servants and employees from any such losses, damages and claims.

Send Completed Form, Signed Letter of Agreement and Payment to:

Maggie Fogel, AMLI Administrator

34 West 83rd Street, Suite R

New York, New York 10024

TEL 212-873-2955, FAX 212-873-2344, maggie@maggiefogel.com

Company Name	
Contact Name	
Address	
Address	
City, State, Zip	
Telephone(s) / Cellular	
Fax	
E-Mail	
Corporate Membership	___ \$750.00
Exhibitor fee for Corporate Members	___ \$950.00 (electricity must be ordered directly from the Hyatt)
Exhibitor fee for Non-Members	___ \$1,450 (electricity must be ordered directly from the Hyatt)

Continued on next page



Meeting Annual Dinner	No. ___ at \$50.00 per person (members) No. ___ at \$75.00 per person (non-members)
Names of Exhibitors for Badges	
Educational Grants	<input type="checkbox"/> Elite (\$10,000 or greater) <input type="checkbox"/> Platinum (\$5,000-\$9,999) <input type="checkbox"/> Gold (\$2,500-\$4,999) <input type="checkbox"/> Silver (\$1,000-\$2,499) <input type="checkbox"/> Bronze (\$500-\$999) <input type="checkbox"/> Contributor (\$499 or less)
Other Support Opportunities	(Co-Host support is also available) <input type="checkbox"/> Continental Breakfast Host \$3,500 (4 available) <input type="checkbox"/> Morning or Afternoon Break Host \$1800 (5 available) <input type="checkbox"/> Luncheon Seminar (Host picks up all costs (3 available) <input type="checkbox"/> Thursday Evening Poster Session Host \$7,500 <input type="checkbox"/> Friday Evening Cocktail Party Host \$4,500 <input type="checkbox"/> Friday Evening Annual Dinner Host \$10,000 subsidy Abstracts \$500 per award <input type="checkbox"/> Young Investigator <input type="checkbox"/> Lab Manager <input type="checkbox"/> Doctorate

PAYMENT - TOTAL AMOUNT \$ _____

CHECKS: Please make checks payable to "AMLI"

CREDIT CARD: We wish to use Visa _____ MasterCard _____

Credit Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____ Amount of Charge \$ _____



EXHIBITOR & CORPORATE MEMBERSHIP AGREEMENT

Association of Medical Laboratory Immunologists (AMLI) Written Agreement for Commercial Support

AMLI is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, AMLI has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

Title of CME Activity: **2009 Annual Meeting of AMLI**

Location: **Hyatt Regency Cambridge**

Date: **August 7-10, 2009**

Commercial Interest:

_____ *(Name of Company providing support)*

Grant will be used for:

- Unrestricted educational grant for support of the CME activity in the amount of \$_____.
- Restricted grant to reimburse expenses for:
 - Speaker expenses
 - Speaker travel only
 - Speaker honorariums
 - Catering function
 - Other

Terms, Conditions and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial interest.
2. AMLI is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. AMLI will make all decisions regarding the disposition and disbursement of the funds from _____ *(company's name)*, hereinafter known as "The Company."
4. The Company will not require AMLI to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant. All commercial support associated with this activity will be given with the full knowledge and approval of AMLI. No other payments shall be given to the director of

the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

- 5. AMLI will upon request, furnish The Company with documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

- 6. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities cannot be displayed or distributed in the education space immediately before, during or after a CME activity. The Company may not engage in sales or promotional activities while in the space or place of the CME activity.
- 7. The Company may not be the agent providing the CME activity to the learners.

Disclosure

- 8. AMLI will ensure that the source of support from the The Company, either direct or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

_____ (*company's name*) and AMLI agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education.

Association of Medical Laboratory Immunologists

Tax ID Number:

Contact Person: Maggie Fogel

Email Address: maggie@maggiefogel.com

Phone Number: 212-873-2955

Fax Number: 212-873-2344

_____ (*company name*)

Address: _____

City, State, Zip _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Agreed by Authorized Representatives

_____ **Association of Laboratory Immunologists**
(*name of company*)

Signature and Date

Signature and Date

Print Name

Print Name

Title

Title