



President

Joedy L. Daristotle, M.D.
Fairmont, WV

Vice President

Richard Lough, M.D.
Charleston, WV

Secretary-Treasurer

F. Thomas Sporck, M.D.
Charleston, WV

Past President

R. Arturo Roa, M.D.
Huntington, WV

Directors

A. James Paine, Jr., M.D.
Beckley, WV

Scott Gibbs, MD
Huntington, WV

Charles (Mike) Haislip, M.D.
Morgantown, WV

Executive Secretary

Diane Slaughter, APR, CAE
WVAO - HNS, Inc.
PO Box 11306
Charleston, WV 25339-1306
phone: 304.984.0308
fax: 304.984.3718
email: info@wao-hns.org

January 2009

Good Morning,

The 27th annual meeting of the West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc. will be held October 30- November 1, 2009, at The Greenbrier in White Sulphur Springs, WV.

Our invited speakers for this conference are: Mark Armeni, MD, West Virginia University Dept. of Otolaryngology, Morgantown, WV; James C. Denny III, MD, Knoxville, TN; and David E. Eibling, MD, Department of Otolaryngology, Pittsburgh, PA. We feel confident these physician speakers will enhance our scientific program. Special activities will be available for spouses, guests and children, and there will be a social gathering Saturday evening. Tee times have been reserved Saturday afternoon on one of The Greenbrier's famous golf courses.

We are asking for your support in the way of exhibit space at the meeting, an educational grant or sponsorship. Whether you exhibit on October 30-31, provide a grant or sponsorship, we encourage you to take advantage of the opportunity to meet personally with physician attendees during the meeting.

I have enclosed an exhibitor/sponsor application, commercial support agreement and Standards for Commercial Support of Continuing Medical Education. Our physician attendees will have opportunities to spend quality time with you during breaks in the exhibit area Friday and Saturday, and a special luncheon on Saturday. We encourage our participants to view the exhibits before the meetings, during all coffee breaks and immediately following each day's program.

We look forward to hearing from you and thank you in advance for your support of the West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc. Please feel free to contact me at 304.984.0308 if you have any questions.

Sincerely,

Diane Slaughter, CAE, APR, Fellow PRSA
Executive Secretary

enclosure

Application for Exhibit Space/Sponsorship
West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc.
West Virginia Ear, Nose and Throat Foundation, Inc.
The Greenbrier, White Sulphur Springs, WV
October 30-31, 2009
Due September 1, 2009

Name of company

Name and title of person responsible for agreement

Telephone number

Signature

Date

Name and type of products to be exhibited

Representatives scheduled to work booth:
Name

Email address

FEES and TERMS:

- Exhibit space \$ 750/booth (return this form only)
- Luncheon sponsor \$ 1,500/day (return all forms)
- Speaker sponsor \$3,000/speaker (return all forms)
- Special event sponsor \$3,000 (return all forms)

Check made payable to the West Virginia Academy of Otolaryngology is to be sent with completed application to Dr. F.T. Sporck.

Early exhibitor applicants ONLY may suggest booth location of their preference. A 10' x 10' exhibit space will be provided with an 8' skirted table.

Tax identification number: 31-1067190.

Exhibit booth refunds will be given if written request is received by F.T. Sporck, M.D., by September 1, 2009. A \$50 processing fee will be deducted. Refunds, less the processing fee, will be made after December 1, 2009, only if the space is resold. No refunds will be made for requests received after September 1, 2009.

Please contact Executive Secretary Diane Slaughter with any questions: by phone, 304.984.0308; by fax, 304.984.3718; by e-mail, info@wvao-hns.org

Send check and completed application to:

F.T. Sporck, M.D.
WV Academy of Otolaryngology
PO Box 11306
Charleston, WV 25339-1306

WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY
Tax ID #31-1067190
TERMS, CONDITIONS, AND PURPOSES OF AN EDUCATIONAL GRANT

_____ Agrees to support the WV ACADEMY OF OTOLARYNGOLOGY through an educational grant for the 27th Annual CME Conference to be held October 30- November 1, 2009.

Commercial Supporter (Company name/branch)

Address

City, State, Zip

Telephone _____ Email _____

Contact Person _____

The above company wishes to provide 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. Restricted grant to reimburse expenses for:

A. Speaker(s) 1) _____ 2) _____
To Include: All Expenses _____ Travel Only _____

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

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

SIGNATURES

We have read and agree to the attached West Virginia Academy of Otolaryngology "Standards for Commercial Support of Continuing Medical Education" and to the terms stated above:

(Company Representative) _____

(Date) _____

(Activity Director) _____ (Date) _____

(Program Director for CME) _____ (Date) _____

Please return completed agreement to:

West Virginia Academy of Otolaryngology Head & Neck Surgery, Inc
Post Office Box 11306
Charleston, WV 25339

Conditions of agreement on next page

CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote a company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** WV ACADEMY OF OTOLARYNGOLOGY is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to WV ACADEMY OF OTOLARYNGOLOGY 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 herein. WV ACADEMY OF OTOLARYNGOLOGY will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationship:** WV ACADEMY OF OTOLARYNGOLOGY will ensure disclosure to the audience of (a) company funding, and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Content Involvement:** There will be no "scripting," emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities or advertisements will be permitted in the same room as the educational activity.
6. **Objectivity & Balance:** WV ACADEMY OF OTOLARYNGOLOGY will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, including balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** WV ACADEMY OF OTOLARYNGOLOGY will ensure, to the extent possible, disclosure of limitations of data, (e.g. ongoing research, interim analysis, preliminary data, or unsupported opinion.)
8. **Discussion of Unproved Uses:** WV ACADEMY OF OTOLARYNGOLOGY will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** WV ACADEMY OF OTOLARYNGOLOGY will ensure opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the Use of Contributed Funds:**
 - A. Funds should be in the form of an educational grant made payable to The WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY (Tax ID#31-1067190 and mailed to the WV ACADEMY OF OTOLARYNGOLOGY Head & Neck Surgery, Inc, P O Box 11306, Charleston, West Virginia 25339.
 - B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and prior approval of the WV ACADEMY OF OTOLARYNGOLOGY Office of CME.
 - C. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (e.g. additional honoraria, extra social events, etc.).
 - D. The terms, conditions and purposes of the educational grant will be documented in this letter of agreement.

AGREEMENTS

The Commercial Supporter agrees to:

1. Abide by all requirements of the CAMC HERF Standards for Commercial Support of Continuing Medical Education, and the provisions of the AMA's Code of Medical Ethics. Copies available from the WV ACADEMY OF OTOLARYNGOLOGY Dept. of Education.

Commercial Company Authorized Representative:

Signature _____ Date _____

WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY agrees to:

1. Abide by the CAMC HERF Standards for Commercial Support of Continuing Medical Education;
2. Publicly acknowledge educational support from the commercial company; and
3. Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

WV ACADEMY OF OTOLARYNGOLOGY Authorized Representative:

Signature _____ Date _____