Levels of Medical Education Support

Emerald Support
$100,000

Ruby Support
$60,000

Platinum Support
$45,000

Sapphire Support
$30,000

Gold Support
$15,000

Silver Support
$5,000

Topaz Support
$2,500

- CME Agreement must be signed -
Company Name: ______________________________  Contact Person: _______________________________

Address: ____________________________________________________________________________________

Telephone: ______________________________________________ Fax: _______________________________

Email: ______________________________________________ Website: _______________________________

**SUPPORT LEVEL (PLEASE INDICATE)**

___ Emerald Support $100,000
___ Ruby Support $60,000
___ Platinum Support $45,000
___ Sapphire Support $30,000
___ Gold Support $15,000
___ Silver Support $5,000
___ Topaz Support $2,500

**PAYMENT**

• Payment accepted by credit card on the website at www.maculasociety.org.

• Enclosed is a check payable to The Macula Society for:
  ___ The full amount of support level (see above).
  ___ This agreement confirms payment of $ ______ will be received by Macula Society by April 1, 2022.

**MEDICAL EDUCATION REGISTRATION PER REPRESENTATIVE**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Registration Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2021</td>
<td>- January 31, 2022: $3,500</td>
</tr>
<tr>
<td>February 1, 2022</td>
<td>- March 15, 2022: $5,000</td>
</tr>
<tr>
<td>March 16, 2022</td>
<td>- June 8, 2022: $6,500</td>
</tr>
</tbody>
</table>

**CANCELLATION POLICY**

Commitments are binding upon signature.

**PLEASE SEND THIS COMPLETED FORM AND CHECK TO THE MACULA SOCIETY:**

3550 Lander Road, Suite 250, Pepper Pike, Ohio 44124 • maculasociety@maculasociety.org
Beaumont Health (the “Accredited Provider”) is committed to presenting accredited continuing education (CE) activities that serve the needs of patients and the public, is based on valid content, and is free from commercial influence. As part of this commitment, we have outlined in this written letter of agreement the terms, conditions and purposes of commercial support for the accredited CE activity delineated below. Commercial Support is defined as financial, or in-kind (non-financial), contributions given by an ineligible company*, which is used to support all or part of the costs of an accredited CE activity. *ACCME defines an ineligible company as any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

<table>
<thead>
<tr>
<th>Ineligible Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Partner(s):</td>
<td>The Macula Society</td>
</tr>
<tr>
<td>Activity Title:</td>
<td>45th Annual Macula Society Meeting</td>
</tr>
<tr>
<td>Activity Location and Date:</td>
<td>Berlin, Germany from June 8 - 11, 2022</td>
</tr>
<tr>
<td>Amount of Educational Grant:</td>
<td>$</td>
</tr>
</tbody>
</table>

In-Kind Support - Check appropriate box(es) and specify what will be provided:
- □ None - Financial Support Only
- □ Durable Equipment: ____________________
- □ Animal Parts or Tissue: ____________________
- □ Facilities/Space: ____________________
- □ Human Parts or Tissue: ____________________
- □ Disposable Supplies (non-biological): ____________________
- □ Other: ____________________

TERMS, CONDITIONS, and PURPOSES

STATEMENT OF PURPOSE
This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the ineligible company.

CONTROL OF CONTENT
Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination, selection and presentation of needs, objectives, content, faculty, educational methods, evaluation, and audience of the activity; accredited provider will ensure that all decisions are made free of the control of the ineligible company. The ineligible company will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.

COMMERCIAL PROMOTION
The funds provided under this grant are not intended to defray or pay any costs for exhibit/display space. Neither exhibit space nor advertising has been offered or will be given as a condition of commercial support. In-kind donations are for educational purposes only and will not be used as opportunities for selling. No promotional activity or advertisements will be permitted in the same room as the educational activity. The ineligible company may not be the agent providing the accredited CE activity to the learners.
APPROPRIATE USE OF COMMERCIAL SUPPORT
The ineligible company shall provide Commercial Support in the amount set forth above to the Accredited Provider promptly upon execution of this Agreement. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the ineligible company. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. 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. The Commercial Support provided herein has not been determined in a manner which takes into account the volume or value of any referrals, financial relationship(s) or other business arrangement(s) otherwise existing between the parties for which payment may be made, in whole or in part, under any Federal or State health care program, including, without limitation, Medicare or Medicaid. The provided funds or portions of the provided funds may be reportable in compliance with the Physician Payments Sunshine Act.

RECONCILIATION
The Accredited Provider will, upon request, furnish the ineligible company with documentation detailing the receipt and expenditure of the commercial support.

DISCLOSURE
The Accredited Provider will ensure that the source of support from the ineligible company, either direct or “in-kind”, is disclosed to the participants in program brochures (if known), syllabi and other program materials, and at the time of the activity. This disclosure will not include the use of a logo, trade name or a product-group message.

AGREEMENT
The Accredited Provider, ineligible company, and the Educational Partner(s) (if applicable) agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education. This Agreement constitutes the entire agreement between the parties relating to the supported activity and supersedes all other agreements, express or implied, between the parties as to its subject matter. This Agreement may be modified only by a writing signed by both parties which states it is an amendment to this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the State of Michigan.

AGREEMENT BY AUTHORIZED REPRESENTATIVES

<table>
<thead>
<tr>
<th>ACCREDITED PROVIDER</th>
<th>INELIGIBLE COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Date</td>
<td>Signature Date</td>
</tr>
<tr>
<td>Brooke J. Taylor, MPH, CCMEP</td>
<td></td>
</tr>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Director, Continuing Medical Education</td>
<td>Title</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
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