

Seaboard Medical Association of Virginia and North Carolina

127th Annual Session, June 20-23, 2024

Hilton Garden Inn- 5353 North Virginia Dare Trail, Kitty Hawk, NC, (252) 261-1290
Patron Support Form

The Seaboard Medical Association appreciates your participation, June 20-23, 2024. Any in-kind gift will be listed under the appropriate category based on the value of the gift. Any item or items given during the Exhibitors time will be considered part of the Exhibitors contribution and will not be added to the \$2000.00 total gift. The current policy is to accept Education Grants to the Seaboard Program Fund. This is totally independent from the Exhibitor Fee.

All funds should be in the form of an educational grant made payable to:

Seaboard Medical Association.

In recognition of your donation, Seaboard will provide the following PLUS benefits listed for each category below

- Acknowledgment on the meeting banner.
- Each exhibitor will be provided with a table and other necessary equipment for their presentation
- Special name tags listing you as an exhibitor.
- Recognition at registration table.

Platinum Grant- \$5000

- TWO Physician registrations **OR** 3 Allied Professional registrations **OR** 3 Resident registrations- You choose the people you would like to register
- Logo placed on sleeve of Annual Meeting T-shirt.
- One Exhibitor Booth directly outside the physician scientific session meeting rooms
- 8 tickets to the Friday evening Cocktail Dinner event.
- 8 tickets to the Saturday evening Presidents Dinner event.

Gold Grant- \$4000

- 1 Exhibitor Booth
- 1 physician registration **OR** 2 Allied Professional registrations **OR** 2 Resident registrations- You choose the people you would like to register
- 5 tickets to the Friday evening Cocktail Dinner Event
- 5 tickets to the Saturday evening Presidents Dinner Event

Exhibitors- \$2000

- 1 Exhibitor Booth
- 4 Tickets to the Friday evening Cocktail Dinner event.
- 4 Tickets to the Saturday evening Presidents Dinner Event.

Conference BAG Sponsorship- \$2500

- Exclusive sponsor for the Conference Bag used for all materials from the conference. For **\$2500** your company will receive an **exhibit booth AND one side of the conference bag.** You will receive all benefits of an exhibitor as well as a sponsor for the conference.

OffShore Tournament- Thursday, June 20, 2024- \$4000

- * 2 tickets to the Saturday evening President's Dinner.
- * The ability to request member participation of your choice. Members must be registered for the conference

Friday Evening Cocktail Dinner Reception Sponsor - Friday, June 21, 2024- \$2800

- Ability to place signage at the Saturday Night Event
- 4 tickets to the Saturday evening Cocktail Dinner Event.

Saturday Evening President's Dinner Reception Sponsor - Saturday, June 22, 2024- \$2800

- Ability to place signage at the Saturday Night Event
- 4 tickets to the Friday evening Cocktail Dinner event

Check the category/ categories of your choice:

Platinum Grant :	\$5000.00	_____	Friday Evening Reception - \$2800	_____
Gold Grant:	\$4000.00	_____	Saturday Evening Reception - \$2800	_____
Exhibitor:	\$2000.00	_____	Offshore Tournament - \$4000	_____
			Conference Bag Sponsor - \$2500	_____

Total fee _____

Seaboard Federal ID # 54-0733385

Check enclosed

Please Bill Me

All funds should be in the form of an educational grant made payable to **Seaboard Medical Association**

*** PLEASE INCLUDE THIS INFORMATION**

* Full Company Name: _____
(Please write it exactly the way you would like it in all publications)

* Contact Person: _____

* Phone: _____

* EMAIL: _____

INFORMATIONAL EMAILS WILL BE SENT. PLEASE LIST ALL WHO NEED TO RECEIVE THIS INFORMATION ON A SEPARATE SHEET.

Please include the following: Completed Patron Support Form, Sponsor CME Form (for sponsors only- can be found on the seaboard website), Exhibitor Information Form- if applicable, Exhibitor CME Form- if applicable.

Please mail appropriate forms and check to:

Seaboard Medical Association, Attn. Kim Ceaser, PO Box 945, Kitty Hawk, NC 27949

(In order for your group to be mentioned in the summer email blasts, you must mail your completed information forms by **May 1, 2024**)

Any questions should be directed to: Kim Ceaser, Executive Director, 252.305.3753
Email: seaboardmed@gmail.com

All Forms can be found on the Seaboard Website: www.seaboardmedical.org

Seaboard Medical Association

LETTER OF AGREEMENT

***Regarding Terms, Conditions and Purposes of an Educational Grant
Between Seaboard Medical Association***

and _____
COMPANY/BRANCH PROVIDING COMMERCIAL SUPPORT

Title of CME Activity: Seaboard Medical Association of Virginia and North Carolina

Location: Kitty Hawk, NC **Date(s):** June 22-25, 2023

Company Representative: _____

Address:

City, State, Zip _____

Telephone _____ **FAX** _____

The above company wishes to provide support for the named continuing medical education activity by means of an **EDUCATIONAL GRANT FOR SUPPORT OF THE CME ACTIVITY** in the amount of \$_____.

CONDITIONS

- Statement of Purposes:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
- Control of Content & Selection of Presenters & Moderators:** sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-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 in writing. Sponsor will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
- Disclosure of Financial Relationships:** sponsor 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) and the company.
- Involvement in Content:** there will be no "scripting", emphasis, or influence on content by the company or its agents.
- Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
- Objectivity & Balance:** sponsor 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. **Limitations of Data:** sponsor will ensure, to the extent possible, disclosure of limitations of data. e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
- 8. **Discussion of Unapproved Uses:** sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
- 9. **Opportunities for Debate:** sponsor 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 : Seaboard Medical Association
 - b. all other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of Seaboard Medical Association.
 - c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

The Accredited Sponsor and Joint sponsor agree to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial company in program syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

AGREED	
Company _____	

Company Representative	

Signature _____	Date _____
Program Director or Designee	Kimberly Ceaser

FORM SHOULD BE RETURNED TO THE PROGRAM DIRECTOR AT THE ADDRESS BELOW:

EMAIL: seaboardmed@gmail.com
Seaboard Medical Association

PO Box 945

Kitty Hawk, NC 27949

Seaboard Medical Association of Virginia and North Carolina

127th Annual Session, June 20-23, 2024

Hilton Garden Inn, Kitty Hawk, NC

Exhibitor Information Form

- Each Exhibit Space has a fee of \$2000.00.
- Exhibit space will be assigned by Seaboard. Your location information will be emailed to you prior to the meeting and your name will be listed at your table. **Please make sure you include your email address on this form.**
- Access to a 110AC electrical outlet is provided at no cost to each exhibiting organization if requested. Please indicate if you will require a 110 AC outlet.

Yes, I will need a 110 AC outlet No, I will not need a 110 AC outlet

Please list any additional needs you have with your display: _____

(any additional electrical needs should be noted. A service charge may be made for any additional requirements.)

- Exhibits should fit a four (4) to six (6) foot area space on top of table, or if standing, should fit into a four (4) to (6) ft.
- Displays may be set up Thursday afternoon, June 20, 2024 after 3:00 p.m. The exhibit hall will be closed **PROMPTLY** at 7:00pm. All exhibits should be ready for viewing Friday morning, June 21st by 9:00 a.m.
- Please review the benefits you receive with your Exhibitor's fee. This listing may be found on the Exhibitor Agreement Form.

Is there any company you would prefer not being placed near?

Booth Location - Booth location will be determined by the date your completed registration is received.

All contact between Seaboard and your company will be made with the person listed below:

Please Print Carefully and Clearly

Name of Company (Please make sure this is the exact way you prefer in all publications):

Contact Person : _____

Please list below additional names for others who would like to receive meeting information.

Address: _____ City, State, Zip code _____

Phone _____ fax: _____ EMAIL: _____

Please fill out the Exhibitor Form below

This form should be included with the Letter of Agreement Form with your check made payable to: Seaboard Medical Association

EXHIBITOR AGREEMENT FORM

Regarding Purchase of Exhibit Space

Title of CME Activity: 127th Annual Session of the Seaboard Medical Association of NC and VA

Location: Hilton Garden Inn, Kitty Hawk, NC

Date(s): June 20-23, 2024

Company Name _____

Contact Person: _____

Address: _____

City, State, _____ Telephone _____ FAX _____

Email Address _____

Company Representative(s) Attending: _____

The above company wishes to purchase exhibit space at this activity for a fee of \$ 2000.

Make Check Payable to: Seaboard Medical Association of Virginia and North Carolina
Federal ID #54-0733385

Mail completed form and check to: Kimberly Ceaser, Executive Director, Seaboard Medical Association, PO Box 945, Kitty Hawk, NC 27949

CONDITIONS: Exhibitors will receive:

- 2 tickets to Friday Evening Event
- 2 tickets to Saturday Evening Event
- Acknowledgement in conference program
- An exhibit table in the exhibit hall
- Special name tags listing you as an exhibitor
- Recognition at the registration table

No commercial or promotional materials may be displayed or distributed in the area where lectures are held. Exhibitors may attend lectures but may not engage in any sales or promotional activities. Exhibitors may distribute promotional materials at their exhibit. The distribution of drugs or other samples is prohibited.

I agree to abide by the ACCME Standards of Commercial Support:

Signature of Company Representative _____ Date _____

Any questions should be directed to: Kimberly Ceaser, Executive Director, 252.305.3753, email: seaboardmed@gmail.com