

**LETTER OF AGREEMENT
REGARDING TERMS, CONDITIONS, AND PURPOSES OF AN
EDUCATIONAL GRANT**

This Agreement is made between THE SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING, INC. (hereinafter "Sponsor") with a business address of 1850 Samuel Morse Drive, Reston, VA 20190-5316, the MISSOURI VALLEY CHAPTER SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING (hereinafter "Joint Sponsor), and the company named below (hereinafter "Grantor").

(Forms must be typed or in legible print)

GRANTOR (Company name/branch): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

CONTACT PERSON: _____

ACTIVITY TITLE AND DATE: Missouri Valley Chapter – Society of Nuclear Medicine and Molecular Imaging Educational Symposium

35th Annual Meeting
October 3-5, 2014
Hilton KCI, Kansas City, MO

GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The grantor wishes to provide an educational grant in the amount of \$ _____ made payable to the MVCSNMMI in support of the above mentioned educational activity.

The grantor wishes to provide _____

The **Commercial Supporter** agrees to abide by the conditions put forth by the Accreditation Council for Continuing Medical Education, Standards for Commercial Support of Continuing Medical Education (see attachment).

Agreed

Name: _____ Signature: _____ Date: _____

Authorized Representative

ACCEPTANCE OF EDUCATIONAL SUPPORT BY THE SPONSOR

In accepting this educational support, the Society of Nuclear Medicine agrees to 1) Abide by the ACCME: Standards for Commercial Support of Continuing Medical Education; 2) Acknowledge educational support by the commercial sources in program brochures, announcements, and other program materials; and 3) Upon request, furnish to the commercial supporter a report concerning the expenditure of funds provided within 30 days of the activity.

Agreed

Name: Ann Latham Gellilo Signature: _____ Date: _____

SNMMI Director of Education

Agreed

Name: Mark Wallenmeyer Signature: _____ Date: _____

Course Director Name

Please return the completed form to: MVCSNMMI, 4038 West Portland, Springfield, MO 65807-1052, Phone 417-343-0991