

**25th Annual Business of Retina Meeting Commercial Support Contract
March 8-10, 2024**

Gila River Resort, Wild Horse Pass in Phoenix, Arizona

To guarantee participation in the 25th Annual Business of Retina Meeting, a signed and initialed contract with full payment must be received no later than February 9, 2024. Opportunities are subject to availability.

Company Name: _____

Official Representative: _____

First name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

COMMERCIAL SUPPORT OPPORTUNITIES

- Premier Support: \$12,000**
Acknowledgement as a Premier supporter in course advertising, signage and electronic syllabus; verbal acknowledgement by course director at lunch, acknowledgement in walk-in slides, and 3 complimentary all-access badges
 - Standard Support: \$7,500**
Acknowledgement as a supporter in course advertising, signage and electronic syllabus, acknowledgement in walk-in slides, and 2 complimentary all-access badges.
 - Breakout Session Support: \$10,000 per breakout (select from the options below)**
Early Career Section ____
Retina Practice Administrators Section ____
- COMMERCIAL SUPPORT TERMS**

1. Companies providing commercial support must complete the American Society of Retina Specialists Letter of Agreement (LOA) no later than February 23, 2024.
2. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the corporate supporter.
3. ASRS 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 continuing education, selection of education methods, and the evaluation of the activity.
4. ASRS will make all decisions regarding the disposition and disbursement of the funds from the corporate supporter.
5. The corporate supporter will not require the ASRS to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
6. All commercial support associated with this activity will be given with the full knowledge and approval of ASRS. 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.
7. ASRS will upon request, furnish the corporate supporter documentation detailing the receipt and expenditure of the commercial support.
8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the continuing education activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the continuing education activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a continuing education activity. Ineligible companies may not engage in sales or promotional activities while in the space or place of the continuing education activity.
9. The corporate supporter may not be the agent providing the continuing education activity to the learners.
10. ASRS will ensure that the source of support from the corporate supporter is disclosed to the participants. This disclosure will not include the use of a trade name, a product-group message, or include corporate logos or slogans.

PAYMENT OF FEES
Full Amount Due upon Receipt

If paying by check, please make check payable to American Society of Retina Specialists in US dollars.

To make payment by Visa, MasterCard or American Express, please complete the following information. All information listed below is required in order to process payment.

Visa/MasterCard/AmEx Number: _____ Exp. _____ / _____

3 or 4 digit security code: _____

Name as it appears on card (Please print): _____

Billing address for card: _____
Street Suite or Apt. Number

City, State, Zip Code

Amount to be billed to card: \$_____ (full payment expected when contract is submitted)

Authorized Signature for credit card: _____

An administrative charge of \$100 will be assessed for any cancellation.

Please send completed form with payment for delivery no later than February 9, 2024 to:

Sam Zerang, Director of Corporate Relations

Email: Sam.Zerang@asrs.org

Mail: American Society of Retina Specialists, 20 N. Wacker Drive, Suite 2030, Chicago, IL 60606

Phone: (312) 578-8760