

## Commercial Support Agreement

**Commercial support** is a financial contribution given by an organization that is used to pay for all of the costs of a continuing education (CE) activity.

A registration link to the live webinar will be given to the organization which sponsors the webinar to share with their contacts. This webinar will be shared with ASPHP members and non-members free of charge.

(Select from one of the ASPHP upcoming webinars.)

|   |  |
|---|--|
| <b>1<sup>st</sup> choice -Title of Webinar:</b> |  |
| <b>Webinar Date:</b>                            |  |
| <b>2<sup>nd</sup> Title of Webinar:</b>         |  |
| <b>Webinar Date:</b>                            |  |

The sponsor for each webinar will be chosen based on the time and date of submission or payment received, whichever is earlier, in the event that multiple vendors select the same webinar.

**Name of Organization that would like to support production cost of webinar:**

**Total amount of Commercial Support:**

- Discount rate for ASPHP Corporate Sponsor: \$1,500 per webinar
- Non- Corporate Sponsor: \$1,750 per webinar

| Terms and Conditions |   |
|----------------------|---|
| 1.                   | This activity is for educational purposes only and will not promote any proprietary interest of a *Commercial Interest organization providing financial or in-kind support.   |
| 2.                   | <p>ASPHP is responsible for all decisions related to the educational activity. ASPHP will review the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitor the educational activity to evaluate for commercial bias in the presentation as per American Nurses Credentialing Center (ANCC) guideline. Components such as:</p> <ul style="list-style-type: none"> <li>▪ Assessment of learning needs</li> <li>▪ Determination of objectives</li> <li>▪ Selection or development of content</li> <li>▪ Selection of teaching/learning strategies</li> </ul> <p>Must maintain strict vendor neutrality and must be free of promotion of any commercial interest even if it sponsored by the same organization/vendor presenting the webinar.</p> |
| 3.                   | All commercial support associated with this activity will be given with the full knowledge and approval of the ASPHP. No other payments shall be given to any individuals involved with the supported educational activity.   |
| 4.                   | Commercial support will be disclosed to the participants of the educational activity.   |

\*A Commercial Interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

## Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

|  |   |              |  |
|--|---|--------------|--|
| <b>Accredited Provider Name:</b>             | <b>Association of Safe Patient Handling Professionals (ASPHP)</b> |              |  |
| <b>Address:</b>                              | <b>125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086</b> |              |  |
| <b>Name of Representative:</b>               |   |              |  |
| <b>Email Address:</b>                        |   |              |  |
| <b>Phone Number:</b>                         |   |              |  |
| <b>_____ Electronic Signature (Required)</b> |   |              |  |
| <b>Completed By:</b>                         |   | <b>Date:</b> |  |

|  |  |              |  |
|--|--|--------------|--|
| <b>Organization Name:</b>                    |  |              |  |
| <b>Address:</b>                              |  |              |  |
| <b>Name of Representative:</b>               |  |              |  |
| <b>Email Address:</b>                        |  |              |  |
| <b>Phone Number:</b>                         |  |              |  |
| <b>_____ Electronic Signature (Required)</b> |  |              |  |
| <b>Completed By:</b>                         |  | <b>Date:</b> |  |

### Payment Method

**Credit Card** (circle one)  Visa  MasterCard  American Express  Discover

Credit Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ (3 or 4 digit security code) \_\_\_\_\_

Card billing address: \_\_\_\_\_

**Check** – Make payable to **ASPHP**. Mail to: ASPHP Headquarters, 125 Warrendale Bayne Road, Ste 375, Warrendale, PA 15086.

**CANCELLATION POLICY:** No refund will be made for any sponsorship cancellation.