



# Sponsorship Agreement

The McMaster University CHSE Policy on Support of Continuing Health Sciences Education Activities from External Sources states the terms, conditions and purposes by which for-profit and not-for-profit sponsorship provided must be documented in a written agreement that is signed by the CPD Provider or Scientific Planning Committee and the Sponsoring Company.

## Program Information

Program Name: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

## Contact Information

Contact: \_\_\_\_\_ Position Title: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Sponsorship Level Platinum \_\_\_\_\_ Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_

## Name and email address of company representatives attending:

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Method

Card Type:	Visa	MasterCard	American Express	Cheque (Please make cheque payable to "McMaster University")
Name on Card:				Authorization to charge: CAN \$
Card Number:			Expiry Month:	Expiry Year:

## Terms and Conditions

We understand by submitting this agreement to McMaster University, CHSE that we are contractually obligated to guarantee payment prior to the activity date(s). By signing this agreement, we are responsible for the amount of our selected sponsorship in exchange for the opportunities listed on the request letter or levels of sponsorship. We understand that we cannot forfeit our support once this agreement is signed. A signed agreement and payment must be received before the activity in order to ensure that name badges are ready for your company. All sponsors and exhibitors must agree to these terms and conditions. By providing support for the above-mentioned activity, we agree to adhere to the [National Standard for Support of Accredited CPD Activities](#) (and refer to **Element 4: Receiving Financial and in-kind support**.) For further information go to the [CHSE policy on support of Continuing Health Sciences Education Activities from External Sources](#).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Company)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Scientific Planning Committee)