



Symposia Guidelines

ASPMN uses the following process for CE satellite symposia:

1. The Sponsor will provide the proposed satellite symposia information to the ASPMN Executive Office no later than **February 26, 2010** for consideration.
 - a. Brief session description
 - b. Tentative presenters for the symposium
 - c. Objectives of the symposium
2. The ASPMN Conference Planning Committee will review and approve the educational program.
3. The Sponsor is responsible for payment of honoraria and travel expenses directly to the speakers.
4. The Sponsor is responsible for all marketing costs and stand-alone brochures advertising the symposium.
5. ASPMN will advertise the symposium in its conference registration brochure, on the association's official web site, and in the official program book. However, **no changes will be made to the registration brochure due to changes in faculty or topic once it has been printed.** This information will be updated accordingly on the ASPMN web site and in the final program book.
6. The Sponsor will collect, collate, and print the symposium handouts.
7. The Sponsor will provide all necessary information at the times established by ASPMN for the contact hour application by February 15, 2010.
8. **ASPMN will apply for continuing education for this event. ASPMN does not allow CE symposium sponsors to apply for their own continuing education.**
9. The ASPMN Executive Office will designate space for the symposium.
10. An ASPMN Executive Office staff person will be responsible for all aspects of the event and will coordinate all activities, including food and beverage needs and audio visual equipment.
11. ASPMN staff will handle all registrations for the symposium and provide a complete list of participants to Sponsor after the event. Please note that all conference attendees are eligible to attend this event.
12. ASPMN staff will provide a one-time use membership list to the Sponsor for advertising its satellite symposium. This list will be provided one month prior to the conference.
13. All advertising for the symposium must be pre-approved in writing by the ASPMN Executive Office.
14. ASPMN Executive Office staff will provide the Sponsor with participant evaluations for the symposium and will provide a full pre-registration and post-attendee registration list upon request.
15. An administrative fee will be assessed for the symposium. Each fee is inclusive of a meal, which the ASPMN Executive Office staff will coordinate, standard A/V equipment and contact hour provider fees. The breakdown is as follows:
 - Breakfast -- \$30,000
 - Lunch -- \$40,000
 - Dinner -- \$60,000

If attendance is greater than 500, a “per plate” charge (price to be determined) will be applied for each additional attendee.

16. Standard AV includes: Screen (2), LCD projector (2), laptop (1), speaker confidence monitor (1), standard speaker set, floor microphones (2), a podium and lavalier microphone for each speaker. ANY additional AV requirements will be provided by ASPMN’s AV representative at the cost of the Symposia Sponsor.

Information to be included in the proposal:

1. Three (3) learning objectives with the educational content that supports each of the objectives.
2. Proposed speakers and a Biographical/Vested Interest Form for each speaker.
3. Education Activity Overview for the presentation.
4. 250 to 500-word abstract of the session that, when approved, can be used in the Conference brochure (no changes may be made to this information after it is submitted).
5. Name and contact information of the communications company handling the symposium and contact information of the supporter.
6. Additional needs – additional AV equipment, separate room for slide review, etc.
7. Signed sponsorship agreement

Advertising Regulations

1. All advertising for the symposium must be approved by the ASPMN National Office prior to printing.
2. Advertising should state, “The symposium is supported through an unrestricted educational grant by (sponsor name)” in accordance with ASPMN policy.
3. ASPMN does not endorse satellite symposia and should not be indicated as endorsing the symposium in the advertising.
4. ASPMN does not allow “door drops” at its conferences, but will provide one marketing piece for each symposium in the conference tote bag, which is given to each attendee. These must be received at the ASPMN Executive Office no later than 15, 2010. Please send the marketing piece to ASPMN, 18000 W. 105th Street, Olathe, KS 66061.
5. An accreditation statement must be included in all advertising. The following statement is used: “This activity is pending final approval for x.x contact hours (ASPMN will provide the number of contact hours) by an accredited provider of Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.”

Should you have any questions regarding the satellite symposium, please contact Christie Ross at christie@aspmn.org or (913) 895-4606 ext. 4776.

Cordially,



Christie Ross
Association Manager



ASPMN CE SYMPOSIUM SPONSORSHIP AGREEMENT

Sponsoring Organization: _____

Communications Company: _____

Symposium Contact: _____ **Billing Contact:** _____

Symposium Contact Phone: _____ **Email:** _____

Billing Contact Phone: _____ **Email:** _____

Full Address (include contact person and full mailing address – the invoice for the symposium sponsorship fee will be sent to this address): _____

Our organization requests to hold the following activity at the ASPMN 19th National Conference (Wednesday, September 22 is a pre-conference workshop day):

Level of Sponsorship:

- Breakfast - \$30,000
- Lunch - \$40,000
- Dinner - \$60,000

Preferred Date:

- Wednesday, September 22
- Thursday, September 23
- Friday, September 24
- Saturday, September 25

Payment must be received in full prior to confirmation of space/date for your event. Please remit payment to ASPMN within 30 days of submission of this form. Payment may be sent to:

Regular Mail:

ASPMN
P.O. Box 14548
Lenexa, KS 66285-4548

Overnight Mail:

ASPMN
18000 W. 105th St.
Olathe, KS 66061

Payment Information: Check American Express Discover MasterCard Visa
Card Number: _____ Exp: _____

Name on Card: _____

Cardholder Signature: _____

I have read and will adhere to the guidelines set forth in the Non-CE Symposium Guidelines provided to me with this agreement.

Signature of Authorized Contact Person

Date

Return this form via fax to (913) 895-4652 or email to Christie@aspmn.org prior to February 26, 2010.



- Planner
- Presenter

BIOGRAPHICAL DATA/VEST INTERESTS FORM

Return no later than February 26, 2010

FAX: (913) 895-4652 – Email: Christie@aspmn.org

Name (with degrees and credentials):	
Employer:	
Street Address:	
City, State, Zip Code:	
Daytime Telephone:	
Fax:	
E-mail Address:	

Current Position Description:

Educational Background (include basic preparation through the highest degree held):

Degree	Year Awarded	Institution (Name, City, State)	Major Area of Study

Planners – describe your familiarity with the target audience or familiarity with education and adult learning principles:

Presenters – describe your expertise in this topic:

CONTINUED ON NEXT PAGE

Name: _____

Presentation Title: _____

Disclosure and Resolution of Vested Interests

Having a relationship with a commercial interest does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved.

The planners and faculty must make full disclosure indicating whether the planner, faculty/moderator or content specialist and/or his/her spouse or partner have any financial, professional, or personal relationships with commercial interests, or *have had* any financial, professional, or personal relationships with commercial interests within the past 12 months.

An entity has a commercial interest if:

1. It produces, markets, sells, or distributes health care goods or services consumed by or used on patients; OR
2. It is owned or operated, in whole or in part, by any entity that produces, markets, sells, or distributes health care goods or services consumed by or used on patients

An entity is NOT a commercial interest if:

1. It is a government entity;
2. It is a non-profit (503c) organization; OR
3. It is a non-healthcare related entity

A. Is there a financial, professional, or personal relationship that could potentially bias the content of the activity?

- Yes (if yes, please answer 1 and 2 below)
 No

If yes, please list the companies and type of relationship:

Relationship	Name of Commercial Entity or Source of Potential Bias
Research Support/Grants	
Ownership	
Employer	
Partnership	
Speakers' Bureau	
Consultant	
Shareholder	
Other Support	
Other	

1. If yes, you must disclose this information during your presentation. How will you do this?
 Information provided in audiovisuals (slides, overhead, etc.)
 Information provided on handouts
 Other: Please describe (if verbal disclosure is made, there must be a written verification on the part of the sponsor who was in attendance, which attests that a verbal disclosure did occur and that identifies the contents of the verbal disclosure):
2. How have you resolved this potential conflict of interest?
 The conflict has been discussed with the individual who is now aware of and agrees to our policy.
 Presenter has signed a statement that says s/he will present information fairly and without bias.
 An RN with minimum of a baccalaureate degree will monitor session to ensure conflict does not arise.
 Other. Please describe:

Disclosure of Discussion of Unlabeled Use

Is there intent to discuss the use of a product/medication for a purpose other than that for which it was approved by the FDA.

B. Is there a discussion of unlabeled uses?

- Yes
 No

1. If yes, you must disclose this information during your presentation. How will you do this?

- Information provided in audiovisuals (slides, overhead, etc.)
 Information provided on handouts
 Other: Please describe:

Did you participate in company-provided speaker training related to your proposed topic? Yes No
Did the company provide you with slides of the presentation in which you were trained as a speaker? Yes No
Did the company pay the travel/lodging/other expenses? Yes No
Did you receive an honorarium for consulting fee for participating in this training? Yes No
Have you received any other type of compensation from any company? Yes No

Please specify: _____

When serving as faculty for the CE Provider, will you use slides provided by a proprietary entity for your presentation and/or handout materials?

- Yes No

Will your topic involve information or data obtained from commercial speaker training? Yes No

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to identify a replacement.

The signature is required (faxed, scanned, handwritten, or a digitally verified signature are acceptable)

Signature

Date

Note: No individuals serving on an industry speakers' bureau can serve as faculty for a NATCO CE program on a topic in the same general clinical area. Exceptions may be made for faculty who are not presenting content regarding treatment options. Request for exception must be made in writing with specific program objectives which support the request.

***Electronic versions of written signatures are acceptable. Typed signatures are not.
If you do not have an electronic version of your signature, please fax this signed form to (913) 895-4652.***

EDUCATIONAL ACTIVITY OVERVIEW
ASPMN National Conference
September 22-25, 2010

Presenter: _____

Session Title: _____

Date/Time: _____

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
<i>At the end of this session the participant will be able to:</i>	<i>Provide an outline of the content for each objective. It must be more than a re-statement of the objective.</i>	<i>State the time frame for each objective.</i>	<i>List the faculty for each objective.</i>	<i>Describe the teaching methods, strategies, materials, and resources for each objective.</i>