

IAC Application (Industry Advisory Council)

APPLICANT INFORMATION

Company _____
 Address _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Phone _____ Fax _____
 Contact Name _____ Title _____
 Email _____ Website URL _____

INDUSTRY ADVISORY COUNCIL OPPORTUNITIES

Advancement of Laser Endowment Fund Contributor (Minimum 5-year commitment at \$5000/year)

Help make an impact for research!

- Obtain recognition in perpetuity on the ASLMS website and quarterly in newsletters distributed to all ASLMS members.
- Receive recognition in perpetuity in the Annual Conference Guide distributed to all conference attendees.
- Attain a five-year complimentary Industry Advisory Council (IAC) membership.
- Collaborate with ASLMS leadership at the annual IAC luncheon meeting held at the ASLMS Annual Conference, for the 5 years of complimentary IAC.
- Participate in the Board Dinner held at the Annual Conference.
- Receive a plaque commemorating support.
- Individual recognition at the Annual Conference. Corporate members will receive multiple pins and ribbons for company representatives.
- Receive all additional [IAC Membership Benefits](#).

For more information go to [Advancement of Laser Medicine Endowment Fund](#)

Industry Advisory Council (IAC) Membership (1-year commitment at \$6000)

View [IAC Membership Benefits](#)

PAYMENT INFORMATION – IN U.S. DOLLARS

Payment by Check Enclosed Make check payable to ASLMS. *Payment must be made in U.S. dollars only and drawn on a U.S. bank. Individuals from countries sanctioned by the U.S. Treasury Department's Office of Foreign Assets Control must use third-country financial institutions as intermediaries for all payments to the ASLMS.*

Payment by Credit Card Visa MasterCard American Express

Credit Card # _____ Expiration Date (MM/YY) _____ / _____

Name on Card (print) _____

Signature _____

How would you like your Advancement of Laser Endowment Fund contribution billed? \$ _____ for _____ (years/months)
Example. \$ 5,000 for 5 years (years/months)

SUBMIT APPLICATION

Please return completed application with payment by January 31, 2020

- Mail - ASLMS, Attn: Paula Deffner, 2100 Stewart Avenue, Suite 240, Wausau, WI 54401
- Fax - (715) 848-2493
- Email - paula@aslms.org
- Phone - Provide your credit card information via phone (715)845-9283 or toll free (877)258-6028

TERMS OF INDUSTRY ADVISORY COUNCIL MEMBERSHIP

Purpose - The ASLMS educational sessions are solely for scientific and educational purposes and will not directly or indirectly promote the Industry Advisory Council (IAC) member's product or services.

Term - The term of the IAC membership runs from January 1st to December 31st. If an IAC application is received after the deadline date but prior to the conference, due to print deadlines, some benefits may not be available. ASLMS will not use commercial support to pay for any travel, lodging, honoraria or personal expenses for non-teacher or non-author participants.

Control of Content and Selection of Presenters and Moderators - the Society will control content and select presenters and moderators. The IAC member agrees not to direct the educational content.

Logo - Industry supporters may use the IAC logo and must follow the [Guidelines for use of the Name and Logo of the ASLMS Industry Advisory Council](#).

Agreement Binding - This agreement is for the benefit of, and shall bind the IAC member and the Society, their employees, agents, members, representatives, directors, officers and heir of the afore mentioned, legal representatives, successors and assigns and is governed by the laws of the State of Wisconsin.

Authority to Execute Agreement - The person signing this agreement on behalf of the IAC member has full authority to execute this agreement binding the IAC member. No other person or entity need join in signing this agreement in order to make it legally binding on the IAC member.

Regulatory Compliance - The ASLMS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. In relation to this accreditation, the sponsor agrees to fully comply with local, state and federal regulations, including [CMS Open Payments](#) (Physician Payments Sunshine Act), and the [ACCME Standards for Commercial Support](#), as may apply to ASLMS commercial sponsorship of events and/or activities held in proximity to, or coinciding with ASLMS accredited CME and medical educational programming and events.

Amendments - This agreement may not be changed except by the parties' written agreement.

IAC members will receive the benefits described consistent with their IAC membership. A listing of IAC benefits is available at [IAC Membership Benefits](#).

The IAC member agrees to abide by all the requirements of the ASLMS [Commercial Support Guidelines](#). The Society further agrees upon request, to furnish the IAC member a report concerning the expenditure of any funds provided.

Authorized Signature _____ Date _____

Name of Authorized Person (print) _____ Title _____

ASLMS Signature _____ Date _____

Name of ASLMS Person (print) _____ Title _____