

# 2019 SUPPORT OPPORTUNITIES SATELLITE SYMPOSIA SUPPLEMENT



The International Congress for Cord Blood  
and Perinatal Tissue Research and Banking

September 13-15, 2019  
Loews Miami Beach Hotel • Miami Beach, Florida

Future Horizons for Cord Blood Therapies

Improving Outcomes • Defining New Applications • Optimizing Manufacturing

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# GENERAL INFORMATION

Satellite Symposia opportunities are available during the *Cord Blood Connect* international congress. They include both 60-minute breakfast symposia and 90-minute lunch symposia. Concurrent symposia may also be available, depending on the demand.

The symposia, which offer continuing medical education (CME) credit for physicians and credit hours for other health professionals, will be in the plenary session hall, with existing room setup. The cost of food and beverage for attendees is included in the symposium fee.

## SYMPOSIA TIMES

The available times for Satellite Symposia are:

- Friday, September 13, lunch – noon to 1:30 pm
- Saturday, September 14, breakfast – 7:00 am to 8:15 pm
- Saturday, September 14, lunch – noon to 1:30 pm
- Sunday, September 15, breakfast – 7:00 am to 8:15 pm

## COST

The Satellite Symposia require an educational grant of \$30,000 USD for a 60-minute breakfast symposium or \$40,000 USD for a lunch symposium. In addition to the breakfast or lunch buffet, the fee includes facility rental, CME administration and certificates, and the existing room and audiovisual set.

## CONCURRENT SESSION OPTION

The opportunity for a concurrent Satellite Symposium may be available if more than one company or organization is interested in the same time period. The cost of a concurrent symposium is discounted to \$22,500 for breakfast and \$30,000 for lunch. If no second company or organization is interested in sharing the time period, then a concurrent symposium is not an available option.

## TOPICS

A Satellite Symposium may be on any topic related to cord blood banking or therapies that is approved by the *Cord Blood Connect* management and the Medical College of Wisconsin, which is the CME sponsor. A list of plenary and concurrent session topics can be found in the prospectus to which this document is a supplement, or on the Cord Blood Association website at [www.cb-association.org](http://www.cb-association.org).

## DEADLINES

The deadline for submitting a **Preliminary Satellite Symposium Application** is April 15, 2019. A final **Continuing Education Activity Application** is due May 15, 2019. Applications will be accepted from a meeting management company on behalf of a commercial sponsor only if accompanied by a letter on the company's stationery authorizing the meeting management company to act on its behalf.

Preliminary  
Application deadline:  
April 15, 2019

## CONTINUING MEDICAL AND PROFESSIONAL EDUCATION

The *Cord Blood Connect* international congress is sponsored by the Medical College of Wisconsin. The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to provide medical education to physicians.

## AMA CREDIT DESIGNATION STATEMENT

The satellite symposium may be eligible for continuing medical education (CME) credit. The Medical College of Wisconsin designates the overall congress for a maximum of 15 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## HOURS OF PARTICIPATION FOR ALLIED HEALTH PROFESSIONALS

The satellite symposium may be eligible for continuing medical laboratory education (CMLE) credit. The Medical College of Wisconsin designates the overall international congress for up to 15 hours of participation for continuing education for allied health professionals.

## TARGET AUDIENCE

The *Cord Blood Connect* attendees include:

- Public and private banking administrators, technicians and support personnel
- Cord blood and perinatal tissue clinicians and investigators
- Cell therapy and regenerative medicine investigators
- Transplant specialists
- Obstetricians, pediatricians and allied health professionals
- Patient and parent advocates
- Public policy leaders, legislators and regulators

## EDUCATIONAL OBJECTIVES

Upon completion of this CME activity, participants should be able to:

- Report on the state of the art in cord blood and perinatal tissue therapies
- Analyze contemporary and new methods for collecting, processing, banking and releasing cord blood and perinatal tissue products
- Describe novel uses of cord blood and perinatal tissue in cellular therapies and regenerative medicine
- Discuss current procedures, methods and issues in cord blood and tissue processing, manufacturing, regulation, accreditation and education
- Report on the accomplishments of the Cord Blood Association in the priority areas of quality products and services, advocacy, market expansion, education, and research and development

## CME AND PARTICIPATION CERTIFICATES

A CME Certificate, indicating the session attended and credits earned, will be available for download after the online evaluation form is completed. An electronic copy of the certificate will be filed with the Medical College of Wisconsin. There is a \$60 fee for CME Certificates requested 30 or more days after the congress concludes. CME Certificates will not be mailed.

All registered attendees also will receive a Certificate of Attendance at the international congress. There is a \$60 fee for a Certificate of Attendance requested after the congress concludes.

# SCHEDULE AND DEADLINES

## **April 15, 2019**

Deadline for:

"Preliminary Satellite Symposium Application" (page 9)

"Meeting Management Company Agreement" with planner disclosure, if applicable (page 10)

## **May 1, 2019**

Conditional Acceptance of Applications

## **May 15, 2019**

Deadline for:

"Continuing Education Activity Application" to the Medical College of Wisconsin (see attachment)

## **June 1, 2019**

Deadline for:

"Disclosure of Commercial Relationships and Faculty Attestations" (page 13)

"Satellite Symposium Budget Worksheet" (page 16)

## **June 15, 2019**

Deadline for:

"Satellite Symposium Faculty Audiovisual Recording Consent" (page 19)

## **Mid-June 2019**

Send invited faculty confirmation letters (page 20)

## **July 1, 2019**

Deadline for:

50% deposit for base grant plus expenses

Stipend or Other Payment Form (page 22)

Submission of proposed promotional materials

## **August 1, 2019**

Deadline for:

Payment of base grant balance plus expenses

## **August 10, 2019**

Deadline for:

Reserving accommodations at group rates at Loews Miami Beach Hotel

## **August 31, 2019**

Deadline for:

Regular registration rates

## **September 13, 2019**

International congress begins

## **October 15, 2019**

Deadline for:

Expense reports, including "Satellite Symposium Faculty Reimbursement Form" (page 18)

## **October 31, 2019**

Deadline for:

Payment of all invoices (20% late fee after this date)

# REQUIREMENTS

Please read all Satellite Symposium information and requirements carefully.

By signing the Application for Continuing Medical Education, your company or organization understands and agrees to abide by all *Cord Blood Connect* and Medical College of Wisconsin requirements and regulations. The signer of the Application also agrees to share the requirements with all representatives who will attend the *Cord Blood Connect* international congress. All requirements will be enforced without exception. Any matters not covered in the requirements are subject to the decision of the *Cord Blood Connect* management and the Medical College of Wisconsin. Any violation will be addressed by the congress management, which reserves the right to cancel a Satellite Symposium without refund or appeal for redress.

## PRELIMINARY APPLICATION

To obtain highest consideration, submit the **Preliminary Satellite Symposium Application** (page 9) by April 16, 2019. If the preliminary application is submitted by a meeting management company, also submit the Meeting Management Company Agreement (page 10).

The *Cord Blood Connect* management and the Medical College of Wisconsin, as CME provider, will review applications based on documented need, content and scientific and technical merit.

## CONDITIONAL ACCEPTANCE

Notification of conditional acceptance will be sent to applicants by May 1, 2019. Companies or organizations whose applications are conditionally accepted must submit the Medical College of Wisconsin Continuing Education Activity Application (see appendix) by May 15, 2019, for final approval. Incomplete submissions cannot be considered for final approval.

## FINAL APPROVAL

Applicants who meet the above deadlines can expect to receive a final approval decision by mid-June 2019. After final approval, changes to the program, agenda or faculty cannot be made without a written request to, and approval by, the *Cord Blood Connect* management and the Medical College of Wisconsin. Subsequent to approval, a 50% deposit is due by July 1, 2019.

## PHYSICIAN PAYMENT SUNSHINE ACT

The *Cord Blood Connect* international congress and the Medical College of Wisconsin are committed to supporting full compliance with the Physician Payment Sunshine Act and strive toward transparency with collaborators, governing bodies and learners. Tickets may be collected at meal-time functions so that indirect transfers of value can be provided by a manufacturer to the U.S. Center for Medicare: Medicaid Services, in accordance with the Physicians Payments Sunshine Act.

## PATIENT SAFETY AND SYSTEM BARRIERS

The Institute of Medicine and other national bodies have identified patient safety issues as being critical to the quality of medical care in the United States. Toward that end, Satellite Symposium supporters are requested to address any patient safety issues that are applicable. In addition,

research has shown that there often are “system barriers” that learners encounter when they return to their practice environment. These barriers prevent participants from implementing what they have learned at CME activities. As the content of presentations is developed, faculty should be aware of these potential barriers and address them in their presentations.

## **INTELLECTUAL PROPERTY LAWS AND TREATIES**

To comply with U.S. and international intellectual property laws and treaties, faculty must identify graphics and other information used in a CME presentation that are protected by copyright and must properly acknowledge the source of the cited material. If the information is further used in an enduring material, the source of the information must be contacted to obtain written release for the use of material that has a copyright.

## **HIPAA REGULATIONS**

Patient confidentiality falls under the U.S. Health Insurance Portability and Accountability Act (HIPAA). Be certain that presentations do not contain any information that could allow a patient or research subject to be personally identified. Or, if a presentation includes case studies, images or video vignettes in which a patient or research subject could be identified, a written release must be submitted to, and kept on file by, the Medical College of Wisconsin.

## **PROMOTIONAL MATERIALS**

Announcements of the Satellite Symposium will be included in the *Cord Blood Connect* agenda and mobile app. Additional promotions prepared and distributed by the supporting company or organization, or its meeting management company, must be submitted to and approved by *Cord Blood Connect* management and the Medical College of Wisconsin. To expedite approval, submit proposed promotional material by July 1, 2019, to Linda D. Caples, Director, Office of Continuing and Professional Education, Medical College of Wisconsin, at [lcaples@mcw.edu](mailto:lcaples@mcw.edu). She also is available to answer questions at that e-mail address or by calling +1.414.955.4900.

## **SIGNAGE AND DECORATION**

The supporting company or organization, or its meeting management company, is responsible for on-site signage. Two poster-size (not to exceed 30”x 64”) signs or pop-up banners may be placed outside the meeting room on the day prior to the symposium. Easels will be provided upon request. Sign content must be approved in advance by the Medical College of Wisconsin CME Office, and should state the title, date and time of the symposium.

Satellite Symposia supporters and meeting management companies may not post promotional signs in Loews Miami Beach Hotel lobbies without permission of the *Cord Blood Connect* management. Placing promotional material under the doors (or door drops of any kind) of hotel guest rooms is not permitted without permission of the *Cord Blood Connect* management. *Cord Blood Connect* management, at its sole discretion, reserves the right to restrict and/or dismiss any Satellite Symposium that it deems untruthful, misleading, in poor taste or offensive to attendees.

All promotional signage must be professionally made. Nothing shall be posted on, nailed, screwed or otherwise attached to columns, walls, floors or other parts of Loews Miami Beach Hotel or furniture. All signage must comply with safety regulations and local ordinances. Promotional signs may not have any lighting or electrical wiring.

## LOGO USAGE

Satellite Symposium supporters and meeting management companies may not use "Cord Blood Connect", "Cord Blood Association", "CBA", "Medical College of Wisconsin", "MCW" or "Loews Miami Beach Hotel" or their respective logos on any announcement, sign, publication, audiovisual product or other promotional material without expressed written permission of the owner.

## AUDIO/VIDEO RECORDING

No audio or video recording is allowed without consent of *Cord Blood Connect* and invited faculty. All audio and/or video recording must be disclosed to the audience.

## MUSIC LICENSING

Music licensing, live or recorded, is the sole responsibility of the company or organization supporting the Satellite Symposium. If played within the symposium hall, evidence of license from the American Society of Composers, Authors and Publishers (ASCAP), Broadcast Music Inc. (BMI), or SESAC, Inc. must be provided with the Application for Continuing Medical Education.

## ENDURING EDUCATIONAL MATERIALS

All presentations at the *Cord Blood Connect* international congress are the property of its organizers. Any unauthorized reprint, electronic replication or other dissemination of the content of the *Cord Blood Connect* international congress is a copyright infringement. These ownership rights apply to the content of Satellite Symposia and all other sessions, workshops and presentations.

Within these copyright restrictions, however, the production and dissemination of enduring educational materials based on Satellite Symposia is encouraged. An enduring educational material can be a brochure, monograph, audiocassette, videocassette, slide program, podcast, CD, DVD, webcast or other printed or electronic communication. The cost of these enduring materials can be included within the fee for support of a Satellite Symposium. For questions about enduring materials, contact Nicole Falco at [nicole@cb-association.org](mailto:nicole@cb-association.org) or +1.630.463.9040, extension 2.

## SHIPPING INSTRUCTIONS

Please review the attached "Procedures and Regulations for Exhibit Companies and Production Companies" provided by the Loews Miami Beach Hotel for procedures and fees associated with shipping and receiving. Shipping costs cannot be posted to the *Cord Blood Connect* international congress master account.

## SECURITY, INSURANCE AND LIMITATION OF LIABILITY

Neither Loews Miami Beach Hotel, *Cord Blood Connect*, Cord Blood Association, UltimateMeetings, LLC, Medical College of Wisconsin, any subcontractor of these organization nor any person volunteering for or employed by these organizations will be responsible for injury, loss, damage or theft to a supporting company's representatives or property, no matter what the cause.

The supporter of a Satellite Symposium assumes the entire responsibility and liability for any and all personal injury, loss, theft, damage and claim arising out of the Satellite Symposium while on Loews Miami Beach Hotel premises, and indemnifies, defends and holds harmless Loews Miami Beach

Hotel, *Cord Blood Connect*, Cord Blood Association, UltimateMeetings, LLC, Medical College of Wisconsin and subcontracted companies, as well as their agents, volunteers and employees from any and all such loss, theft, damage or claim. All aforementioned parties are required to maintain adequate insurance or self-insurance against injuries to persons, damage to, or loss of property, and any inability to meet their obligations as set forth in this document.

### **METHOD OF PAYMENT**

A 50% deposit of the fee and related expenses for the symposium is due by July 1, 2019. The final payment is due by August 1, 2019. An invoice will be sent by e-mail. Payment to "Cord Blood Association" may be by check, credit card or wire transfer. Additional instructions are on the invoice.

### **CHANGES AND CANCELLATIONS**

Changes or notification of cancellation must be submitted to D'Etta Waldoch Snyder at [dettaconnect@aol.com](mailto:dettaconnect@aol.com) prior to August 1, 2019. Cancellations after August 1 are non-refundable.

### **OTHER INFORMATION**

For other information about the congress agenda, types of attendees, venue, registration and housing, see the *Support Opportunities Prospectus* to which this document is a supplement.

Questions about a Satellite Symposium may be directed to the *Cord Blood Congress Office* at [nicole@cb-association.org](mailto:nicole@cb-association.org) or +1.630.463.9040, extension 2.

Questions about planning efforts, rentals and scheduling faculty rehearsals may be directed to the congress manager at [dettaconnect@aol.com](mailto:dettaconnect@aol.com) or +1.630.9040, extension 3

### **CONGRESS MANAGER**

*Cord Blood Connect* Congress Office  
D'Etta Waldoch Snyder  
[dettaconnect@aol.com](mailto:dettaconnect@aol.com)  
+1.630.463.9040, extension 3

### **SUPPORT OPPORTUNITIES**

For information about other opportunities to participate and support the *Cord Blood Connect* international congress, contact:

Nicole Falco  
[nicole@cb-association.org](mailto:nicole@cb-association.org)  
+1.630.463.9040, extension 2



# CORD BLOOD CONNECT

September 13-15, 2019 - Loews Miami Beach Hotel, Miami Beach, FL, USA

## PRELIMINARY SATELLITE SYMPOSIUM APPLICATION

To obtain highest consideration, submit this Preliminary Application by April 16, 2019.  
Submit to Nicole Falco at [nicole@cb-association.org](mailto:nicole@cb-association.org).

SATELLITE SYMPOSIUM TITLE: \_\_\_\_\_

DATE/TIME PREFERENCE. (You may indicate a first and second choice.)

- Prefer stand-alone symposium     Prefer concurrent symposium, if option is available
- Friday, September 13, noon - 1:30 pm    \$40,000
- Saturday, September 14, 7:00 am - 8:15 am    \$30,000
- Saturday, September 14, noon - 1:15 pm    \$40,000
- Sunday, September 15, 7:00 am - 8:15 am    \$30,000

ARE YOU INTERESTED IN PRODUCING AN ENDURING EDUCATION MATERIAL RELATED TO THIS SYMPOSIUM?

(Contact Nicole Falco to discuss kinds of materials that can be developed and disseminated.)

- Yes     No

ACCREDITED PROVIDER: Medical College of Wisconsin

### SUPPORTING COMPANY OR ORGANIZATION

COMPANY OR ORGANIZATION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### MEETING MANAGEMENT COMPANY

MEETING MANAGEMENT COMPANY NAME: \_\_\_\_\_

PRIMARY MANAGER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

REQUIRED ATTACHMENTS FOR MEETING MANAGEMENT COMPANIES (if applicable)

- Meeting Management Company Agreement
- Letter from supporting company or organization, on its letterhead, authorizing the meeting management company to act on its behalf
- Disclosure of financial relationships form for all meeting management company representatives in a position to control educational content

## **MEETING MANAGEMENT COMPANY AGREEMENT**

**to comply with CME rules and regulations  
for *Cord Blood Connect* international congress**

**(Page 1 of 3)**

**E-mail this form with a cover letter by April 16, 2019, to Nicole Falco at [nicole@cb-association.org](mailto:nicole@cb-association.org).**

### **PURPOSE OF SATELLITE SYMPOSIUM**

The purpose of a Satellite Symposium at the *Cord Blood Connect* international congress is to bring useful, up-to-date, scientifically accurate, balanced, unbiased information to clinicians and investigators. All aspects of a Satellite Symposium must flow from this single purpose. Anything that interferes with that purpose must be excluded from the Satellite Symposium.

### **CME RULES AND REGULATIONS**

The following rules and regulations have been developed for all meeting management companies, medical communications companies, and other entities (hereafter called "Management Company") that assist with the development and implementation of a Satellite Symposium.

**The Medical College of Wisconsin CME office is available to serve as a Meeting Management Company.** Contact Linda D. Caples, MBA, Director, Office of Continuing and Professional Education at [lcaples@mcw.edu](mailto:lcaples@mcw.edu), phone: 1.414.955.4900.

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1. An authorized representative of the Meeting Management Company must sign this "Meeting Management Company Agreement to Comply with CME Rules and Regulations for *Cord Blood Connect* International Congress" before final approval of a Satellite Symposium.
2. A Meeting Management Company becomes an agent of the continuing medical education (CME) provider and must be approved by the Medical College of Wisconsin (MCW). The exclusive CME provider for the *Cord Blood Connect* international congress is MCW.
3. Meeting Management Companies that fail to comply with CME guidelines may have sanctions imposed, up to and including exclusion from further participation in *Cord Blood Connect* and/or future *Cord Blood Connect* congresses and/or activities in which MCW acts as CME Provider.
4. MCW, as CME provider, makes all decisions regarding Satellite Symposium content, faculty, venue, printed collateral materials and all other aspects of the Symposium, consistent with the policies and requirements of the Accreditation Council for Continuing Medical Education (ACCME). Once approved, changes to the program agenda or faculty cannot be made without written request and approval by MCW.
5. Upon presentation at the *Cord Blood Connect* international congress, the Satellite Symposium program and its content become the property of *Cord Blood Connect* and are governed by MCW as CME provider.
6. Meeting Management Company must comply fully with ACCME Standards for Commercial Support.
7. The Satellite Symposium must provide an opportunity for an open question and answer session and permit evaluation by attendees. Evaluation Forms will be developed, distributed and tabulated by *Cord Blood Connect* conference organizers in

## MEETING MANAGEMENT COMPANY AGREEMENT (Page 2 of 3)

compliance with established CME guidelines. A summary of completed evaluations, including written comments, will be provided after the *Cord Blood Connect* international congress.

8. If an unlabeled product or an unapproved use of a product is discussed during the Satellite Symposium, it must be disclosed to the audience that the product is not approved for the particular use in the United States. The Satellite Symposium content must be fair, balanced, scientifically valid and comply with current U.S. Food & Drug Administration guidelines. Any treatment recommendations must be made based on the best available evidence.

9. Full expense report, including original receipts and the Satellite Symposium Faculty Reimbursement Form with full disclosure is due by October 15, 2019.

10. Additional costs, including on-site charges, will be billed after the *Cord Blood Connect* international congress. All invoices must be paid by October 31, 2019, or will incur a 20% late fee and organizers may be ineligible for future Satellite Symposia submissions.

11. If the Symposium is cancelled after Monday, August 1, 2019, there will be no refund to the Commercial Supporter or Meeting Management Company.

12. *Cord Blood Connect* strongly recommends that stipends for faculty and their expenses be paid by the Meeting Management Company. To facilitate this, a Joint Sponsorship Agreement must be signed by MCW as the CME Provider delegating fiduciary responsibility to the Meeting Management Company. A letter of request must be submitted to MCW CME with a copy to the management of *Cord Blood Connect* by July 1, 2019. Any payment or reimbursement by the Commercial Supporter directly to a speaker, moderator or chair is strictly forbidden. To comply with CME regulations, all Satellite Symposium-related expenditures by the Meeting Management Company and the Commercial Supporter, as well as any of their agents, must be disclosed to *Cord Blood Connect* management and MCW. Full accounting of all expenses must be provided to the *Cord Blood Connect* congress office within 30 days after the adjournment of the congress.

13. All monies and fees associated with a Satellite Symposium are strictly regulated in accordance with ACCME Standards for Commercial Support. A violation may place the CME accreditation of a Satellite Symposium in jeopardy. As a general rule, all monies and fees including the base grant (which covers facility rental, CME administration and certificate fees and existing audiovisual set), and a breakfast or lunch buffet for conference attendees, must be paid to the Medical College of Wisconsin, which in turn is responsible for disbursing those funds. Checks should be payable to the Medical College of Wisconsin. The only exceptions to this rule, which must be pre-approved in writing by *Cord Blood Connect* and the CME Office of the Medical College of Wisconsin, are (a) stipends for faculty, the meeting registration fee and actual travel costs for Satellite Symposium faculty who may be reimbursed for these expenses by the Meeting Management Company (but not directly by the Commercial Supporter) and (b) fees and expenses paid by the Commercial Supporter to and for the services of the Meeting Management Company and/or creative services providers.

14. Travel cost reimbursements to individuals on U.S. tourist/business visitor visas must comply with the regulations set forth by the U.S. Internal Revenue Service (IRS) and the Medical College of Wisconsin, and taxes may be withheld pursuant to prevailing regulations. The approximately 30% U.S. tax charged against stipends for speakers who are non-U.S. citizens will be funded by the Commercial Supporter, not by *Cord Blood Connect*. Questions regarding special forms required for invited faculty who are not U.S. citizens may be directed to D'Etta Waldoch Snyder at [dettaconnect@aol.com](mailto:dettaconnect@aol.com).

15. Education is the primary purpose of a Satellite Symposium. Food and beverage, which will be arranged by *Cord Blood Connect* management, must be modest and a secondary element in organizing and publicizing the Satellite Symposium.

16. All Satellite Symposium planning (including set-up, food and beverage, audiovisual services and other arrangements) must be made through and handled by the *Cord Blood Connect* management, unless other arrangements are agreed upon to allow the Meeting Management Company to work directly with the convention services staff. When alternate

## MEETING MANAGEMENT COMPANY AGREEMENT (Page 3 of 3)

arrangements are approved, the Meeting Management Company must keep the *Cord Blood Connect* management fully informed of all communications with the hotel and convention services staff.

17. Audiovisual technicians are required for Satellite Symposia. All on-site audiovisual services, including projection during the symposium, are provided by the *Cord Blood Connect* international congress. Only by prior agreement with the *Cord Blood Connect* meeting manager, and in special circumstances, may a Meeting Management Company, a Commercial Supporter or its agent be permitted to provide on-site audiovisual services or projection for a Satellite Symposium.

18. No audio, video or other recording of a Satellite Symposium is permitted without consent of the *Cord Blood Connect* management. Any permitted audio, video or other recording must be made clearly evident to the audience.

19. The Meeting Management Company must provide on-site staff to assist with any invited faculty needs, handout materials and other last-minute arrangements, logistics and traffic flow.

20. The creation and distribution of enduring materials based on Satellite Symposia is encouraged, but is governed by *Cord Blood Connect*. A separate CME application will be required by MCW. For more information please contact Nicole Falco at nicole@cb-association.org.

21. The Meeting Management Company and the commercial supporter may not post on-site promotional signs in the hotel lobby without permission of *Cord Blood Connect*. Placing promotional materials under the doors of hotel guest rooms (or "door drops" of any kind) is not permitted without approval from *Cord Blood Connect*.

22. The Meeting Company and the Commercial Supporter may not use "*Cord Blood Connect*", "Medical College of Wisconsin", "MCW", "ACCME" or "Loews Miami Beach Hotel" or their respective logos on any announcement, sign, publication, audiovisual product or other promotional material without written permission. All promotional material must be approved by *Cord Blood Connect*, prior to distribution and no later than July 1, 2019. Promotional materials received after this date may not be considered or authorized.

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By signing this "Meeting Management Company Agreement to Comply with CME Rules and regulations for *Cord Blood Connect* International Congress," I certify that I have read and understand these rules and regulations and that I am an authorized agent of the company named below who can bind the company to compliance with these requirements as a condition of participation in the *Cord Blood Connect* international congress.

Signature of Meeting Management Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Meeting Management Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_



**DISCLOSURE OF COMMERCIAL RELATIONSHIPS AND FACULTY ATTESTATIONS**

(Page 1 of 3)

E-mail this form by June 1, 2019 to Linda D. Caples at [lcaples@mcw.edu](mailto:lcaples@mcw.edu)

ACCREDITED ACTIVITY: Cord Blood Connect international conference

DATE OF ACTIVITY: September 13-15, 2019

COMMERCIAL SUPPORTER(S) OF ACTIVITY: TBD PROGRAM ID: TBD

PARTICIPANT NAME: \_\_\_\_\_

ROLE IN ACTIVITY:  Planner  Speaker  Reviewer  Monitor

TITLE OF PRESENTATION: \_\_\_\_\_

If you indicate on this form that you have commercial interests, you are asked to discuss with the Activity Director how a possible conflict of interest can be resolved.

**FIRST:** List all the names of commercial interests (see Page 3 of this Disclosure for definition) with which you or your spouse/partner have, or have had, a relationship within the past 12 months, or know you will have in the future, whether or not you think the interest relates to the presentation. Or, if you have no commercial interests, check the "No" box and proceed to the next page.

**SECOND:** Describe what you or your spouse/partner received (i.e., salary, honorarium, etc.). The Medical College of Wisconsin, Inc., does not want to know the amount of the payment you received.

**THIRD:** Describe your role – that is, the service or activity that you performed.

**Example terminology**

**What was received:** Salary, royalty, intellectual property rights, consulting fee, stipends, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit and/or patents.

**For What Role:** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committee or review panel, board membership or other activity.

| Name of Commercial Interest  | What Was Received? | For What Role? |
|------------------------------|--------------------|----------------|
| Example: XYZ Pharmaceuticals | Stipend            | Speaker        |
|                              |                    |                |
|                              |                    |                |
|                              |                    |                |
|                              |                    |                |
|                              |                    |                |

No, I do not have any relationship with a commercial interest.

## DISCLOSURE OF COMMERCIAL RELATIONSHIPS (Page 2 of 3)

*All Speakers must complete this page. Disagreement will preclude being able to speak at the meeting.*

MCW Expectations: Please indicate your understanding of, and willingness to comply with, each statement below by checking the appropriate box. If you have any questions regarding your ability to comply, please contact D’Etta Waldoch Snyder at [dettaconnect@aol.com](mailto:dettaconnect@aol.com) as soon as possible. No alterations may be made to this form.

|   |   |
|---|---|
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree                                 | The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will <i>not</i> promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, unbiased and based on best available evidence.  |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> N/A | I have not, and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the Medical College of Wisconsin (MCW).   |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree                                 | I understand that the Medical College of Wisconsin may need to review my presentation and/or content prior to the activity, and I will provide the educational content and resources in advance as requested.   |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree                                 | If I am presenting at a live event, I understand that a CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature.   |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree                                 | If I am providing recommendations involving clinical medicine, those recommendations will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research cited in support of patient care recommendations will conform to the generally accepted standards of experimental design, data collection and analysis. I will convey the limitations of the content being taught and the severe and most common risks of treatments that are discussed. |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> N/A | If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.  |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> N/A | If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.  |
| <input type="checkbox"/> Agree<br><input type="checkbox"/> Disagree<br><input type="checkbox"/> N/A | If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker’s bureau) for any commercial interest, the promotional aspects of that presentation will not be included in this activity. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.   |

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**E-mail this form by June 1, 2019 to Linda D. Caples at [lcaples@mcw.edu](mailto:lcaples@mcw.edu)**

## DISCLOSURE OF COMMERCIAL RELATIONSHIPS (Page 3 of 3)

*This page is for your information only. Please do not return it to the CME office.*

The purpose of this form is to identify possible conflicts of interest and address them prior to the CME activity.

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

*NOTE: This is a different form from the one required of MCW faculty each year or for research grants. The time period is the 12 months prior to the planning of this meeting and spouse/partner commercial interest is required by the Accrediting Council for Continuing Education.*

### Glossary of Terms

#### Commercial Interest

The Accreditation Council for Continuing Medical Education (ACCME) defines a "commercial interest" as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. Companies that provide direct patient care such as hospitals and for-profit nursing homes, tissue/blood banks, non-profit or government organizations and non-health care related companies are not considered commercial interests for CME purposes.

#### Relationships

Relationships include financial relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, stipend, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. Unpaid advisory board positions and research money or patents given to an institution on an individual's behalf are also considered relevant relationships by ACCME.

#### Relevant Relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. Known future relationships are also relevant. MCW has not set a minimal dollar amount for relationships to be significant, and unpaid advisory board positions are considered relevant.

Relationships that are deemed relevant include being a planner or presenter at this activity and must be disclosed to the audience/participants.

#### Patents

If a patent is owned by an individual, it is a relevant interest and creates a relevant financial relationship. This must be disclosed to the audience by referring to the owner of the patent by name and a description of what the patent is for.

## SATELLITE SYMPOSIUM BUDGET WORKSHEET

(Page 1 of 2)

**E-mail this form by June 1, 2019, to Linda D. Caples at [lcaples@mcw.edu](mailto:lcaples@mcw.edu)**

**See Guidelines for Budgeting and Faculty Reimbursement on Page 2.**

Satellite Symposium Title: \_\_\_\_\_  
 Name of Commercial Supporter Company or Organization: \_\_\_\_\_  
 Meeting Management Company Representative: \_\_\_\_\_  
 Name of Meeting Management Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EDUCATIONAL BASE GRANT:** \$30,000 60-minute stand-alone breakfast Satellite Symposium or \$40,000 90-minute stand-alone lunch Satellite Symposium includes facility rental, CME administration and certificate fees, existing AV set (not including audience response system) and a breakfast or lunch buffet for conference attendees.

The alternative concurrent symposia, if available, are \$22,500 for a 60-minute breakfast symposium or \$30,000 for a 90-minute lunch symposium.

**PAYMENT DEADLINES:** 50% deposit due July 1, 2019. Balance due August 1, 2019.

**ANTICIPATED CHAIR & FACULTY STIPENDS:**

For CME activities conducted or held in the United States, the Medical College of Wisconsin, the CME sponsor, recommends a stipend of \$500 for U.S.-based faculty and \$1,000 for those traveling from other countries. *Cord Blood Connect* management recommends that stipends and travel expenses for faculty (chairs, moderators and presenters) be paid by the Meeting Management Company.

\$ \_\_\_\_\_ Chair Stipend  check if chair is a U.S. citizen  
 \$ \_\_\_\_\_ Faculty Stipends (\$500 x # \_\_\_\_\_ for U.S. speakers; \$1,000 x # \_\_\_\_\_ for non-U.S. speakers)  
 \$ \_\_\_\_\_ Total Faculty Stipends (chair Stipend + faculty stipends)

**ANTICIPATED CHAIR & FACULTY EXPENSE:**

Check box below if expenses will be paid by Meeting Management Company.

\$ \_\_\_\_\_ Conference Registration Fees   
 \$ \_\_\_\_\_ Hotel   
 \$ \_\_\_\_\_ Coach Airfare   
 \$ \_\_\_\_\_ Ground Transportation   
 \$ \_\_\_\_\_ Tolls and Parking   
 \$ \_\_\_\_\_ Mileage @ \$0.535/mile (current May 2017)   
 \$ \_\_\_\_\_ Meals   
 \$ \_\_\_\_\_ Other, specify: \_\_\_\_\_   
 \$ \_\_\_\_\_ Other, specify: \_\_\_\_\_   
**\$ \_\_\_\_\_ TOTAL**

**ANTICIPATED MISCELLANEOUS SYMPOSIUM MANAGEMENT EXPENSES**

\$ \_\_\_\_\_ Meeting Management Company Fees, Travel and Other Expenses  
 \$ \_\_\_\_\_ Creative Development (Printing/Publications)  
 \$ \_\_\_\_\_ Other Expense, specify: \_\_\_\_\_  
 \$ \_\_\_\_\_ Other Expense, specify: \_\_\_\_\_  
**\$ \_\_\_\_\_ TOTAL**



## SATELLITE SYMPOSIUM BUDGET WORKSHEET (Page 2 of 2)

### Guidelines for Budgeting and Faculty Reimbursement

Use the following guidelines when preparing your Satellite Symposium budget and inviting faculty to present.

#### Communication with Invited Faculty

A list of all faculty, with professional and academic title, full address, telephone and e-mail address and administrative assistant e-mail address must be sent to *Cord Blood Connect* prior to **May 31, 2019**. Copies of initial invitation letters sent by the Commercial Supporter or Meeting Management Company to faculty should be included. Refer to the enclosed sample confirmation letter.

**Meeting Management Companies, after obtaining *Cord Blood Connect* and Medical College of Wisconsin (MCW) approval, are strongly encouraged to prepay travel and housing expenses and stipends for all faculty (chair and presenters) whenever possible to simplify accounting.** To facilitate this, a Joint Sponsorship Agreement must be signed by MCW as the CME Provider delegating fiduciary responsibility to the Meeting Management Company. A letter of request must be submitted to MCW CME with a copy to *Cord Blood Connect* by **May 15, 2019**. If travel and/or housing costs are not prepaid, original ticket stubs and an original credit card statement used to pay for the travel and/or housing must be submitted before reimbursement can be made, per MCW travel reimbursement policies. Missing documentation for expenses may result in delayed reimbursement and tax consequences. All other expenses associated with the cost of the Satellite Symposium, including those payable to independent meeting management service providers or for creative development, printing and publication costs, should be paid directly by the Commercial Supporter or Meeting Management Company, after obtaining MCW approval to do so. Full budgetary disclosure is required under CME regulations and detailed reconciliation and documentation is required.

After the meeting, faculty will submit a Satellite Symposium Faculty Reimbursement Form (enclosed) to the Commercial Supporter or Meeting Management Company for signature, indicating approval of reimbursable expenses that have not been prepaid. The Satellite Faculty Reimbursement Form with **original** (not photocopies) receipts for expenses and ticket stubs with **original** credit card receipts (if not prepaid) will then be forwarded to *Cord Blood Connect* management by the representative for payment.

#### Stipends

The suggested stipend amount per faculty member is \$500 for U.S. and \$1,000 for non-U.S. chairs, moderators and presenters. Stipends are discretionary; however, MCW policy requires written pre-approval for stipend payments exceeding \$1,500 to any one person. Meeting management companies are strongly encouraged to pay speaker stipends, after obtaining *Cord Blood Connect* and Medical College of Wisconsin approval. Stipends for foreign nationals will be paid by MCW after the meeting. It is the responsibility of the Commercial Supporter/Meeting Management Company to obtain notarized copies of all necessary documents as listed on the MCW Stipend or Other Payment Form (enclosed). A notary public will be provided on-site by *Cord Blood Connect* international congress.

#### Conference Registration Fees

Typically, the Commercial Supporter or Meeting Management Company pays the meeting registration fee for Satellite Symposium faculty.

#### Air Travel

Coach-class fares should not exceed \$1,000 for domestic flights for faculty, and business-class fares should not exceed \$5,000 for international travellers. Travel coordination should be accomplished by the Commercial Supporter of the Meeting Management Company as early as possible to obtain lowest fares.

#### Ground Transportation

Ground transportation (taxi, airport shuttle, etc.) is reimbursed at actual cost, with original receipts.

#### Hotel Accommodations

Lodging expenses should be covered for a maximum of two nights: the night of the scheduled presentation and either the night before or immediately after, not to exceed \$300/night. Please make hotel reservations within the *Cord Blood Connect* group, using the online reservation system. Contact D'Etta Waldoch Snyder with questions about hotel reservations at [dettaconnect@aol.com](mailto:dettaconnect@aol.com).

#### Meals/Per Diem

Meals may be reimbursed with original receipts for a maximum of three days: the day of travel to the meeting, the day of the scheduled presentation, and the day of travel home. The Medical College of Wisconsin recommends that reimbursement for meals not exceed \$64 per day.

#### Audiovisual Requirements

Standard audiovisual equipment and technical support staff are included in the Satellite Symposium fee. Additional AV expenses, such as an audience response system (ARS), are not included in the base fee and are the responsibility of the Commercial Supporter or Meeting Planning Company.

#### ADA

Please keep in mind that the Americans with Disabilities Act (ADA) mandates that the *Cord Blood Connect* international congress, including all Satellite Symposia, must be completely accessible to all participants and faculty. Please contact D'Etta Waldoch Snyder at [dettaconnect@aol.com](mailto:dettaconnect@aol.com) prior to August 1, 2019, regarding any faculty member requiring special accommodations.

**SATELLITE SYMPOSIUM FACULTY REIMBURSEMENT FORM**

**Instructions for Faculty:** Please complete this form and forward it to your Satellite Symposium Commercial Supporter or Meeting Management Company for signature, along with original (not photocopies or e-mail) receipts, ticket stubs and credit card statements, if applicable.

**YOUR REIMBURSEMENT CHECK CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE AND THE SIGNATURE OF THE COMMERCIAL SUPPORTER OR MEETING MANAGEMENT COMPANY AT THE BOTTOM OF THIS PAGE.**

Your Planner/Commercial Support Representative is: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Satellite Symposium: \_\_\_\_\_  
 Commercial Support Organization: \_\_\_\_\_ Date of Program: \_\_\_\_\_  
 Approved Amount of Stipend: \$ \_\_\_\_\_

Check box if you do not have travel expenses to submit to *Cord Blood Connect*, and skip to the "MAKE CHECK PAYABLE TO" section. If you have travel expenses to submit, complete the information below and the remainder of this form.

**Reimbursement Policy:** Stipends may be paid on site for U.S.-based faculty if we have your Form W9 on file 30 days prior to the congress. Meeting management companies are strongly encouraged to obtain permission to prepay or reimburse for speaker travel and housing costs to simplify accounting. Reimbursement for travel and housing expenses not prepaid by the meeting management company will be disbursed by *Cord Blood Connect*/Medical College of Wisconsin (MCW) within 3-4 weeks of receiving the completed Satellite Symposium Faculty Reimbursement Form with original travel receipts, ticket stubs and credit card statements. E-mailed receipts or photocopies are not considered originals and will not be accepted as proof of payment by MCW. Stipend and reimbursement checks not cashed within six months of issue date will be considered void.

**Instructions for Commercial Supporter and/or Meeting Management Company:** Your signature on this form indicates acknowledgment of expenses incurred and approval for reimbursement of expenses to faculty. Please mail this form (with two required signatures) and **original** receipts to the Linda D. Caples, Director, Office of Continuing and Professional Education, Medical College of Wisconsin, RPC 125, 8701 Watertown Plank Road, Milwaukee, WI 53226.

**STIPEND AND EXPENSES THAT HAVE NOT BEEN PREPAID:**

\$ \_\_\_\_\_ Stipend  
 \$ \_\_\_\_\_ Conference Registration Fees  
 \$ \_\_\_\_\_ Hotel  
 \$ \_\_\_\_\_ Coach Airfare  
 \$ \_\_\_\_\_ Ground Transportation  
 \$ \_\_\_\_\_ Tolls and Parking  
 \$ \_\_\_\_\_ Mileage @ \$0.535/mile (as of May 2017)  
 from: \_\_\_\_\_ to: \_\_\_\_\_  
 \$ \_\_\_\_\_ Meals  
 \$ \_\_\_\_\_ Other Expense \_\_\_\_\_  
 \$ \_\_\_\_\_ Other Expense \_\_\_\_\_  
 \$ \_\_\_\_\_ **TOTAL STIPEND PLUS EXPENSES**

**STIPEND AND EXPENSES ALREADY PAID:**

Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Reminder: Stipends cannot be prepaid or reimbursed by the Commercial Supporter  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_  
 Prepaid by: \_\_\_\_\_ Amount prepaid: \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

Social Security Number or  Tax ID Number (Check one only, and provide number): \_\_\_\_\_

Institution/Department: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address (required for US citizens by IRS): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail check to:  Office address  Home address

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The above expenses have been reviewed and are approved for payment.**

Signature of Commercial Support  
 or Meeting Management Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Company or Organization \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **SATELLITE SYMPOSIUM FACULTY AUDIOVISUAL RECORDING CONSENT**

E-mail this form by June 15, 2019, to [nicole@cb-association.org](mailto:nicole@cb-association.org).

Name of Faculty Member: \_\_\_\_\_

Name of Satellite Symposium: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Date/Time of Program: \_\_\_\_\_

Commercial Supporter: \_\_\_\_\_

### **RECORDING OF PRESENTATIONS**

I, a presenter at the *Cord Blood Connect* international congress, hereby agree and guarantee that I solely own the intellectual property rights to materials I am presenting at the *Cord Blood Connect* international congress, and/or have the appropriate permission to provide the same, and I am not in any way prohibited from agreeing to the terms herein. By presenting/speaking at the *Cord Blood Connect* international congress, I give the meeting organizers an unlimited non-exclusive license to use, reprint, copy, post on the organizer's website(s), distribute and/or edit any material I include in my presentation, in any format the meeting organizer so chooses, including handouts, photographs, film or digital media. This non-exclusive license applies to the content I provide in any plenary session, concurrent session, satellite symposium, workshop, oral abstract presentation, poster presentation, and all other scientific and technical sessions. Any unauthorized reprint, electronic replication or other dissemination of the content of the *Cord Blood Connect* international congress is a copyright infringement.

Presentations during the *Cord Blood Connect* international congress may be recorded for distribution by *Cord Blood Connect* management, unless I specifically instruct to the contrary.

### **Audiotape and Videotape Permission**

My signature below indicates my understanding that all presentations at the *Cord Blood Connect* international congress are the property of the Cord Blood Association, as organizer of the congress. I agree that the Cord Blood Association may record my presentation and any related handouts or materials, and that I will not receive any portion of income from any sale of the recordings.

\_\_\_\_\_  
Signature of Faculty Member

Please do not audio or video record my presentation or post materials for distribution.

### **Credit for Attendance or Teaching**

Faculty requesting continuing education (CME) credits or continuing education units for allied health professionals are reminded to submit appropriate attendance and evaluation forms within 30 days of the completion of the conference. Speakers may request to be awarded *AMA PRA Category 1 Credits™* for the preparation and delivery of their own talks consistent with prevailing policies of the AMA. A special form has been developed for this purpose and is available at [www.ama-assn.org/go/cme](http://www.ama-assn.org/go/cme).

## **SAMPLE INVITED FACULTY CONFIRMATION LETTER**

**To be sent to Satellite Symposium presenters by the Commercial Supporter or the Meeting Management Company on behalf of the CME provider, the Medical College of Wisconsin**

[June "X", 2019]

[Faculty Member]

[Address]

[City, State, Zip]

Dear [Faculty Member]:

Thank you for agreeing to serve on the faculty of the upcoming continuing medical education (CME) activity entitled, [symposium title], that will be held from [begin time] to [end time] on September "X", 2019, during the *Cord Blood Connect* international congress at the Loews Miami Beach Hotel, Miami Beach, FL, USA.

This letter confirms plans for your presentation. Your topic is: [topic or actual title of presentation]. The CME-accredited Satellite Symposium is directly sponsored by the Medical College of Wisconsin Office of Continuing Professional Development. The commercial supporter for this activity is [name of commercial supporter].

The target audience includes cord blood banking personnel and physicians and allied health professionals from around the world. Overall attendance of more than 350 is expected.

The educational objectives are:

- [Objective . . . ]
- [Objective . . . ]

Your stipend of [\$XXX], plus expenses, will be paid by the [meeting management company or *Cord Blood Connect* /Medical College of Wisconsin]. Travel expenses not prepaid by the Satellite Symposium meeting management company, will be paid upon completion of the program. Refer to enclosed Satellite Symposium Faculty Reimbursement Form for details.

Faculty traveling on US Tourist/Business Visitor Visas must complete appropriate forms in compliance with IRS and Medical College of Wisconsin regulations prior to travel. ITIN numbers or application (W7) must be submitted to the *Cord Blood Connect* conference office, along with the MCW Stipend and Other Payment Form and a notarized copy of your passport photo page and I-94 card before stipends or travel reimbursements can be paid. The Satellite Symposium meeting management company or corporate liaison for your Satellite Symposium has more information about these forms.

### **ACCME Standards for Commercial Support**

As an accredited CME provider, the Medical College of Wisconsin requires that its presenters comply with the *ACCME Standards for Commercial Support of CME*. The standards require that if a commercial interest is supporting the CME activity, this must be disclosed to those in attendance.

As faculty for this CME activity, you are required to do the following:

- Disclose any personal financial relationship(s) that you and/or your spouse/partner have had over the past 12 months with **any** commercial interests(s).
- Design a presentation that is independent, objective, scientifically rigorous and free of commercial influence.
- Ensure that scientific studies utilized or referenced in your presentation are from sources acceptable to the scientific and medical community.
- Limit diagnostic and therapeutic recommendations to those that are supported by the best scientific and/or medical evidence available.

In addition, the Medical College of Wisconsin requests that you inform the audience whenever you discuss unlabelled or unapproved uses of drugs or devices.

As such, we ask that you complete the Disclosure of Commercial Relationships and Speaker Attestations form. The Medical College of Wisconsin will use this information to identify any potential conflicts of interest. If a conflict of interest is identified, measures to resolve the conflict will be pursued prior to the start of the CME activity.

Note that the ACCME rules require all CME providers to disqualify planners, authors and speakers who do not supply this information.

### **Incorporating Tools and Strategies into Your Presentation**

To maximize this learning opportunity for our participants, please consider the overall objectives for your presentation and include the most current evidence-based medical information based on national guidelines and literature reviews on your topic. In addition, incorporate any strategies and tools that you believe will aid participants in putting into practice new information that improves clinical competence, performance and/or patient outcomes.

### **Presentation Materials**

It is the policy of the Medical College of Wisconsin to use generic, scientific names of medications and medical devices wherever possible and practical to promote impartiality. If a trade name of a medication is used in a CME activity, the first reference for all medications discussed in the activity should include the generic name together with the trade name, and subsequent references should use only the generic name.

Presentation materials are due to the Medical College of Wisconsin **NO LATER THAN AUGUST 1, 2019**. It is critical that you send this material by that date in order to allow sufficient time for review and syllabus preparation.

### **Presentation Objectives**

Presentation materials should include the objective(s) for your presentation. The objective(s) should be measurable and designed to provide the participant with information, reference, tools and strategies that can be applied in their practice to improve patient outcomes.

### **Audiovisual Equipment**

A PC laptop, LCD projector, laser pointer and a lavalier microphone will be available in your presentation room. If you require additional AV equipment, please contact me directly.

### **Travel Arrangements and Hotel Accommodations**

For *Cord Blood Connect* registration, housing and agenda, visit the international congress website at [www.cord-blood-connect.org](http://www.cord-blood-connect.org). Satellite Symposia faculty attending the *Cord Blood Connect* international congress for more than the day of their presentation must pay the appropriate registration fee.

Please make your own travel arrangements. The Medical College of Wisconsin can only reimburse you for economy class tickets. I will make a hotel reservation in your name at the Loews Miami Beach Hotel after you provide me with your arrival and departure dates.

[Additional CME instructions or checklists for faculty are enclosed as a supplement to this letter.]

If I can be of any assistance or can clarify any of the above information, please contact me via e-mail at [e-mail address] or phone at [1.xxx.xxx.xxxx].

With best regards,

[Satellite Planner]  
[Title]

Enclosures: [list, if any]



# STIPEND OR OTHER PAYMENT FORM

I certify that I am in, or will be entering, the United States as a:

- U.S. Citizen
- U.S. Permanent Resident
- B-1 Visa -- Business Visitor
- B-2 Visa -- Tourist
- WB Business Visitor on the Visa Waiver program
- WT Tourist on the Visa Waiver program
- Canadian Visa Waiver program (requires proof of Canadian Citizenship)
- Other \_\_\_\_\_ (note other status may not be eligible for stipend or other payment)

The following must be supplied, as appropriate, to receive payment:

1. ( ) I have supplied a copy of my Social Security Card or Individual Taxpayer Identification Number (ITIN) documentation or completed W9.  
( ) I certify that I will apply for an ITIN and I will send such documentation to MCW's Payroll Department at the following address: 8701 Watertown Plank Road, Milwaukee, WI 53226, USA.
2. Signed copy of this form dated prior to the date of the provided service.
3. A copy of your I-94 card or proof of Canadian Citizenship (does not apply to U.S. Citizens or U.S. permanent residents)  
NOTE: If the foreign national enters under the Visa Waiver Program and was not issued an I-94 card, a copy of the Passport page containing the entry stamp should be provided in lieu of the I-94 card.

**Contract for services is made with the understanding that these items must be obtained prior to payment for services. Due to Internal Revenue Service (IRS) and Department of Homeland Security regulations, the Medical College of Wisconsin Accounts Payable cannot make payment without the above-listed items.**

In addition, stipend or other payments to individuals in B-1/B-2/WB/WT or Canadian Visa Waiver programs are only eligible for stipend or other payment if the following apply:

- The payment is being made for a visit of nine (9) days or less; and
- You have not received payment of this type from more than five (5) other institutions in the past six (6) months

Taxes will be withheld at the rate of 30% pursuant to IRS regulations.

Individuals requesting stipend payment must sign the bottom section of this form to assure they are aware of and agree to these conditions of payment prior to their providing service.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be obtained by MCW Accounts Payable Office

\_\_\_\_\_  
HR Verification of Visa Status

\_\_\_\_\_  
Date

## **ACCME STANDARDS FOR COMMERCIAL SUPPORT**

### **Accreditation Council for Continuing Medical Education Standards to Ensure Independence in CME Activities**

#### **Standard 1: Independence**

Standard 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See [www.accme.org](http://www.accme.org) for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

Standard 1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

#### **Standard 2: Resolution of Personal Conflicts of Interest**

Standard 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Standard 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Standard 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

#### **Standard 3: Appropriate Use of Commercial Support**

Standard 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

Standard 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

Standard 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Standard 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

Standard 3.5 The written agreement must specify the commercial interest that is the source of commercial support.

Standard 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Standard 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

Standard 3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

Standard 3.9 No other payment 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.

Standard 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Standard 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

Standard 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Standard 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

#### **Standard 4: Appropriate Management of Associated Commercial Promotion**

Standard 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

Standard 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer-based programs, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.' For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

Standard 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

Standard 4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.



Standard 4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

### **Standard 5: Content and Format without Commercial Bias**

Standard 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest.

Standard 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

### **Standard 6: Disclosures Relevant to Potential Commercial Bias Standard**

Standard 6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

Standard 6.2 For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

Standard 6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind," the nature of the support must be disclosed to learners.

Standard 6.4 "Disclosure" must never include the use of a trade name or a product-group message.

Standard 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

Source URL: <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standardsforcommercial-support>

## *Continuing Education Activity Application*

The Continuing Education Team will review Continuing Education applications on an ongoing basis. It will approve, recommend revisions, or deny applications based on whether the educational intervention meets the following criteria established by the Accreditation Council for Continuing Medical Education, American Medical Association, American Association of Nurse Practitioners, American Psychological Association, and/or the American Academy of Physician Assistants.

1. Meets the definition of continuing education
2. The target audience is first and foremost practicing clinicians and/or clinical researchers beyond graduation and training.
3. Have planning team with representation from each profession within the target audience for which credit is to be offered.
4. Address care the learners can influence in one or more of the six American Board of Medical Specialties core competencies (professionalism, patient care and procedural skills, medical knowledge, practice-based learning & improvement, interpersonal and communication skills, systems-based practice).
5. Have specific, measurable, and relevant learning objectives for improvement of care, research or healthcare administration.
6. Use appropriate, relevant, and evidence-based performance measures that include measurement related to patient care and/or clinical research at the appropriate unit of analysis (physician, clinic, care team, etc.).
7. Include appropriate interventions and learning formats for improvement.
8. Possess sufficient and appropriate resources to support the successful conclusion of the activity.
9. Include substantive analysis of educational outcomes.

**This document must be submitted in Microsoft WORD format  
(all other formats will be returned)**

**Please return this document via email attachment to:**

**[cmarosze@mcw.edu](mailto:cmarosze@mcw.edu)**

# Continuing Education Activity Application

Submission Date:

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Title of CE activity:

---

Anticipated Start & End Dates:

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Proposed Location:

---

CE Coordinator:

Name/email address/phone number

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Please list the names of collaborating organizations. (if applicable)

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I am using this application form to request continuing education credit for: (check all that apply)

- Physician credit (Attending physicians, Preceptors, community physicians and other practicing physicians) and Hours of Participation Credit for Allied Health Care Professionals.
- Nurse Practitioner credit (AP/NP, FNP, NP, DNP) \*
- Physician Assistant credit (PA, PA-C) \*
- Psychology credit (Psychologists) \*

**\* Additional fees apply and are based on the number of credit types for which the activity is approved.**

**Note: students and trainees are not eligible for AMA PRA category 1 credit™.** Those who successfully complete and ACGME accredited residency or fellowship program should submit a copy of their certificate or letter of completion directly to the American Medical Association to receive 20 CME credits per year. Residents and Fellows should go to [www.ama-assn.org/go/practice](http://www.ama-assn.org/go/practice) for more information.

**Support, Resources, and Funding:** [Check all that apply]

- Internal support and resources (i.e. practice and/or hospital sources such as data support)
- External sources (i.e. grant, national funding), please identify and describe the source of funding:
  - Foundation (private) Grant(s)
  - Pharma or Device Funding
  - Public Grant(s)
- Other (describe the source of this funding such as registration fees):

# Continuing Education Activity Application

## CE PERSONNEL

Planning team members must represent the professions which credit is sought. Planners are those who have control over the content of the CE activity. Meaningful participation in planning includes:

- Reviewing practice data to identify quality gaps
- Reviewing the literature for bench marking data and advances in medicine
- Documenting the educational needs of practicing clinicians
- Developing learning objectives based on desired changes in practice
- Analyzing and discussing CME educational outcomes data

### Planning Team Members *(name with credentials)*:

|  |  |
|--|--|
| Director of Activity:  |  |
| Physician Planner(s):  |  |
| Psychologist Planner(s):<br><i>(Required if applying for APA credit)</i>       |  |
| Nurse Practitioner Planner(s):<br><i>(Required if applying for NP credit)</i>  |  |
| Pharmacist Planner(s):   |  |
| Physician Assistant Planner(s):<br><i>(Required if applying for PA credit)</i> |  |
| Nurse Planner(s):  |  |
| Social Work Planner(s):  |  |
| Other clinical planner(s):   |  |
| Patient/Public Representative(s):  |  |
| Student/Trainee Representative(s):   |  |

# Continuing Education Activity Application

## ACTIVITY DESCRIPTION

1. **What patient population(s) does this CE activity address?**
2. **ACCME Criterion 2** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**What is/are the gap(s) in practice that resulted in the development of this CE activity?**

**\*\*Include baseline data and/or benchmark/comparison data\*\***

3. **Is the CE activity associated with any specific MCW, CSG, MCP, CP, CMG, CHW, Froedtert, or VA initiatives?**

No

If Yes, Explain:

4. **Is the CE activity associated with any specific other organizational, regional or national initiatives?**

No

If Yes, Explain:

5. **Choose the Institute of Medicine quality dimension(s) the CE activity addresses.**

Safety

Equity

Efficiency

Timeliness

Effectiveness

Patient Centeredness

Practice-based learning & Improvement

Systems-based practice

6. **Does this CE explicitly address: Reduction of Harm (Patient Safety), Readmissions or Cost of Care?**

No

Reduction of Harm (Patient Safety)

Cost of Care

Readmissions

**If you checked yes, explain:**



# Continuing Education Activity Application

## Goals and Objectives

10. **What is the specific learning objective(s) of the CE activity?** (**Note:** Learning objectives should include: (1) a Condition - Describe the condition of performance (tell what is presented to the learner) (2) a Behavioral verb and content – (tell what the learner is expected to do), and (3) a Standard - specify standard(s) for judging a learner’s performance.

Example learning objectives:

- (cognitive domain) Given a healthy child, list the routine vaccines for a two year old that are currently recommended by the CDC.
- (affective domain) For your terminally ill patient, justify your position on pain management in palliative care.
- (psychomotor domain) The learner will participate in a simulation of ventricular fibrillation, and then she/he will direct a team through the appropriate ACLS protocol until the mannequin shows a normal cardiac rhythm.

11. We would like to offer MOC Part II (self-assessment modules SAMS) for this CE activity.

Yes

Not at this time.

As the Activity Director for this activity, I certify that I completed this Continuing Education Activity Application. Should this CE activity be approved, I agree to provide educational outcome data within 60 days after the completion of CE activity. I understand that failure to meet the accreditation requirements may result in the revocation of CE credits for this activity.

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**Activity Director (e-Signature)**

**Date:**