

On-Site Seminar Application and Agreement

Date: _____ Preferred Seminar Date: _____

Contact Name: _____

Name of Business: _____

Contact Address: _____

Contact Telephone: _____ Fax: _____

E-Mail: _____

Course Specifications: One-Day Two-Day

Course Topics: TC2 STARband Newport 4 Spinal Orthoses Orlando Fracture

Other: _____

Number of Course Participants: _____ (15 to 30 preferred)

Location of Seminar (City and State): _____

Please read and sign below.

Responsibilities of Local Contact:

- One local person is considered the sponsor of the seminar and will be the primary contact person. This person arranges the seminar, acquires patient models if indicated, and coordinates educational topics to be covered.
- Participants will be O&P and allied health care professionals. Seminar is designed for 15-30 total attendees. If less than 15 participants are expected or present during the seminar, a \$500 honorarium may be charged by Orthomerica for the seminar.
- Beverages, food and snacks will be provided as desired.
- May be requested to provide a LCD projector and a large viewing screen for PowerPoint[®] presentations.

Responsibilities of Orthomerica:

- Each seminar will be developed to provide one or two full days of instruction (8:00 am – 5:00 pm).
- Orthomerica will appoint appropriate staff and pay the expenses of the speaker(s) including travel and hotel.
- Orthomerica will provide all course materials, manuals, computer and LCD projector (depending upon availability).
- Orthomerica will submit appropriate paperwork to ABC for PCEs, and supply other allied health care professionals with proof of attendance.

I have read the above list and understand the responsibilities of the local sponsor and Orthomerica.

(Printed Name)

(Signature)

FOR INTERNAL USE ONLY

Reviewed by: _____

Date: _____

Scheduled: _____

**Complete this form and fax to Orthomerica Products, Inc.,
attention Clinical Education Department, at 800.638.9259 x 220**