*** COMMERCIAL SUPPORT ADHERENCE POLICY AGREEMENT***

***All exhibitor forms must be received by 03/16/2024- SPRING***

***08/30/2024- FALL***

www.newenglandsocietyofallergy.org

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Tax ID #: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Item/Drug Promoting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Contact Name:

Corporate Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NESA 2023 Spring and Fall Programs:**

SPRING PROGRAM – April 5, 2024 - Westford

FALL PROGRAM – 9/28/2024 and 9/29/2024- Providence

**SPONSORSHIP FEES:**  $1500.00 Spring 2024  $1500.00 Fall 2024

Payment Options (Send this completed form along with payment)

1) Make payment directly on the NESA website:

<http://www.newenglandsocietyofallergy.org/meetings/exhibitors/>

and email this form to [nesocietyallergy@gmail.com](mailto:nesocietyallergy@gmail.com).

SUBJECT LINE: INDUSTRY AGREEMENT- SPRING 2024

1. Mail a check payable to “NESA”

New England Society of Allergy

c/o Christine Barboza

36 Osborne Avenue, West Wareham, MA. 02576

and email this form to [nesocietyallergy@gmail.com](mailto:nesocietyallergy@gmail.com).

SUBJECT LINE: INDUSTRY AGREEMENT- SPRING 2024

**Does your company pay via a 3rd party vendor?**  **YES**  **NO**

Name of 3rd party vendor: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

I (we) understand and agree to adhere to the policies and procedures outlined in the Standards for Commercial Support of New England Society of Allergy’s (NESA) Continuing Medical Education established by the NESA CME committee in accordance to ACCME Standards for Commercial Support guidelines.

**­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of commercial representative

***NESA is a non-profit organization registered with the Commonwealth of Massachusetts. Tax ID #: 04-2667847***