



Dear Prospective Sponsor:

I would like to personally invite you to participate as a corporate sponsor of the ***Music City Dental Conference sponsored by the Tennessee Dental Association (formerly Tennessee Dental Association Annual Session)*** which will be held May 5-7, 2011, at the Nashville Convention Center.

Please review the enclosed Corporate Sponsorship Opportunities, Commercial Support Agreement and Guidelines Regarding Commercial Support and Conflict of Interest. If your company is interested in being one of our corporate sponsors please complete and return the Corporate Sponsorship Form and the Commercial Support Agreement as soon as possible but no later than November 1, 2010.

Please know that your sponsorship would be very much appreciated. It will allow the Music City Dental Conference sponsored by the Tennessee Dental Association to have outstanding programs and activities.

We look forward to hearing from you soon.

Sincerely,

K. Michael Garrett, D.D.S.

K. Michael Garrett, D.D.S.
2011 Program Chairman



Corporate Sponsorship Form

Music City Dental Conference

sponsored by the Tennessee Dental Association

As we celebrate the first Music City Dental Conference sponsored by the Tennessee Dental Association, we fully realize the importance of our corporate sponsors. Please review the different sponsorship levels and send your payment along with this form, or, if you prefer, we can supply an invoice.

Please note: We cannot guarantee that corporate sponsors will be listed in TDA publications or on signage unless the pledged amount is remitted by November 1, 2010.

Company Name: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

Email: _____



Corporate Sponsorship Categories

Platinum - \$10,000 or above

Gold - \$7,500 to \$9,999

Silver - \$5,000 to \$7,499

Bronze - \$2,000 to \$4,999

Exclusive Sponsorship

Corporate Sponsors at all levels will receive special recognition in the official program of the Music City Dental Conference sponsored by the Tennessee Dental Association, as well as at the beginning of the sponsored program or function.

Exclusive sponsorship of individual speakers may be arranged with the TDA Executive Office. To be identified as an exclusive sponsor, all expenses of the program and/or speaker must be paid, including speaker's honorarium, audio visual costs and the speaker's travel.

Corporate Sponsorship of social functions may be arranged with approval of the TDA Committee on Annual Session.

The Tennessee Dental Association retains all rights and responsibilities for control of content and selection of speakers and/or moderators of education programs as well as for the content, type and sequencing of all society functions during the Music City Dental Conference.

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Commercial Support Agreement

Pursuant to our discussion, this letter is submitted as a formal agreement between _____
_____ herein after referred to as “commercial support company”
and the Tennessee Dental Association, herein after referred to as “provider” for commercial support, social event
support, speaker support at the Music City Dental Conference sponsored by the Tennessee Dental Association

(insert name of event or series of events)

I. Commercial Support Responsibilities

_____ agrees to co-support _____
(insert name of commercial support company) (insert name of event or events)

by _____ for a fee of _____.
(insert date for receipt of funds)

The commercial support company acknowledges by signature on this letter that it had read the attached Tennessee Dental Association Guidelines for Commercial Support and will abide by the provisions therein.

II. Providers Responsibilities

For the event or events named above the provider agrees to:

- A. Insert an acknowledge of commercial support company in handout materials at the event(s) that is value neutral and not an advertisement provided such acknowledge is received in a timely manner for review and inclusion with such materials.
- B. Promote the commercial support company by name to the organization, its members and educational program audiences through acknowledgments in educational and other communications.
- C. Provide acknowledgments of commercial support company at each event named above at the beginning of the program with the option of having the commercial supporters’ on-site personnel recognized.

III. Joint Agreements

It is understood and agreed by both the provider and commercial support company that:

- A. No formal endorsement shall be stated or implied by the commercial support company for any service as a result of this commercial support.
- B. The provider shall have total control over any and all decisions pertaining to the seminars, including how many will be given, where they will be located, who will speak, etc.
- C. The seminar materials prepared for use in the seminars is the property of the provider or the speakers, which have all rights to these materials and their copyrights.

Executed on the _____ day of _____ 20____ by
(Day) (Month) (Year)

(Representing the commercial support company)

(Representing the provider)



Tennessee Dental Association

Guidelines Regarding Commercial Support and Conflict of Interest

The Tennessee Dental Association, in planning continuing education programming for the Music City Dental Conference, will adhere to the following policies:

1. Program topic selection will be based on perceived needs for professional information and not for the purpose of endorsing specific commercial drugs, materials, products, treatments or services.
2. Funds received from commercial sources in support of any educational programs shall be unrestricted and the Committee on Annual Session shall retain exclusive rights regarding the selection of presenters, instructional materials, program content and format, etc.
3. Any and all commercial support received shall be acknowledged in program announcements, brochures, and the on-site program book.
4. Commercial support shall be limited to:
 - a. the payment of reasonable honoraria;
 - b. reimbursement of presenters' out of pocket expenses; and
 - c. the payment of the cost of modest meals or social events held as part of an educational activity.
5. Presenters shall be instructed to avoid recommending or mentioning any specific product by its trade name, using generic terms whenever possible. When reference is made to a specific product by its trade name, reference shall also be made to competitive products.
6. Speakers will be required to disclose any potential bias to commercial support company of any activity related to the Tennessee Dental Association.

The Tennessee Dental Association shall:

1. Be responsible for the content, quality and scientific integrity of all CE activities.
2. Assure that presentations give a balanced view of all therapeutic options.
3. Assure that commercial exhibits do not influence planning or interfere with the presentation or CE activities.
4. Be responsible for making ultimate decisions regarding funding arrangements for CE activities.
5. Assure that commercially supported social events at CE activities do not compete with, nor take precedence over, the educational events.
6. Have a policy on conflict of interest and assure that all CE activities conform to this policy.



Conflict of Interest Statement

It is the policy of the Tennessee Dental Association that all practice-related speakers at any program sponsored by the Tennessee Dental Association shall complete a conflict of interest statement regarding any interest in a company or a product related to the program as a part of the Speaker's Agreement with the Association. Further, any portion of the following information can be shared with the membership and/or attendees to gain perspective of the program.

In accordance with this policy, I, _____
declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program, except the following:

I declare that I have no proprietary, financial or other personal interest of any nature or kind in any firm beneficially associated with any product and/or service that will be discussed or considered during the proposed program, except the following:

I declare that I have no past or present financial interest, consulting position or other involvement of any nature of kind related to the program that could give rise to even a suspicion of a conflict of interest, except the following:

Furthermore, I understand and agree that as a condition for participating as a speaker at a Tennessee Dental Association sponsored program, I will exercise particular care that no detriment to the Tennessee Dental Association will result from conflicts between my interests and those of the Tennessee Dental Association.

Having read and understood the Tennessee Dental Association policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

Signature

Date

