Opportunities for Satellite Symposia that offer:

- High-quality sessions unopposed by other scientific meetings
- Strong attendance by physicians and others active in the BMT field
- Opportunities to host mealtime educational sessions

**ASBMT**
American Society for Blood and Marrow Transplantation

The American Society for Blood and Marrow Transplantation (ASBMT) is a national professional association that promotes advancement in the field of cellular therapy and blood and bone marrow transplantation. The ASBMT Executive Office is located in Arlington Heights, Illinois. ASBMT members include over 2,000 clinicians and researchers. The 2015 scientific program chair for ASBMT is Krishna V. Komanduri, MD, University of Miami Health System, Miami, FL. More information can be found at www.asbmt.org.

**CIBMTR**
Center for International Blood & Marrow Transplant Research

The Center for International Blood and Marrow Transplant Research (CIBMTR) brings together the expertise and unique resources of two leaders in the field of blood and marrow transplant research: the National Marrow Donor Program® and the Medical College of Wisconsin’s International Bone Marrow Transplant Registry and Autologous Blood and Marrow Transplant Registry (IBMTR/ABMTR). The Center is a voluntary research organization of basic and clinical scientists collaborating to address important issues in blood and marrow transplantation. Active in BMT research since 1972, the CIBMTR collects information on the results of blood and marrow transplants and uses this information to identify ways to improve transplant outcomes. Over 3,000 transplant physicians in over 500 transplant centers in 52 countries participate in the CIBMTR and have contributed information on approximately 380,000 transplant recipients. The 2015 scientific program chair for CIBMTR is Paul Veys, MD, Great Ormand Street Hospital, London, UK. More information can be found at www.cibmtr.org.

The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
BMT Tandem Meetings Overview

Annually, the BMT Tandem Meetings is the largest gathering in North America of worldwide experts in blood and marrow transplant patient care, clinical investigation and laboratory research. Satellite symposia are attended by nearly 3,000 physicians, scientists and allied health professionals working in blood and marrow transplantation in BMT programs throughout the United States, Canada and 50 other countries.

The tandem meetings approach has been successful since 1995 when the ASBMT and CIBMTR held their first joint annual meeting. Participants reap the benefits of attending the combined meetings in a single week with economics in travel and lodging costs, less disruption of professional schedules and the opportunity for interaction with a wider circle of colleagues. Registration for the 2015 BMT Tandem Meetings is open to members and non-members of ASBMT and/or CIBMTR. Meetings address timely issues in blood and marrow transplantation and recent developments from an experimental and clinical research perspective.

Continuing Education

The Medical College of Wisconsin (MCW) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Certificates reflecting contact hours for attendance by allied health professionals are provided through the Medical College of Wisconsin.

Meeting Format

- Scientific Plenary & Keynote Sessions
- Simultaneous Scientific Sessions
- Original Poster and Oral Presentations for Scientific and Allied Health Professionals
- CIBMTR Working Committee Meetings
- BMT Center Medical Directors Conference
- BMT Pharmacists Conference
- Clinical Education Conference (PA-Cs, NPs, etc)
- Transplant Nursing Conference
- Clinical Research Professionals Data Management Conference
- BMT Administrators Conference
- BMT Medical Trainees Conferences
- Pediatric BMT Educational Track

Meeting Agenda and Exhibit Schedule

Exhibits at the 2015 BMT Tandem Meetings will be open Wednesday, February 11, through Saturday, February 14. See Exhibit & Support Prospectus at www.cibmtr.org or www.asbmt.org or contact Sherry L. Fisher at slfisher@mcw.edu for information about exhibiting.

More Information Available

Registration, Housing and Abstract forms for the BMT Tandem Meetings and continuously updated general information are available on-line at www.cibmtr.org or www.asbmt.org. Alternatively, contact BMT Tandem Meetings Headquarters c/o CIBMTR at the Medical College of Wisconsin, 9200 W. Wisconsin Ave, Ste. C5500, Milwaukee, WI, 53226, USA; bmttandem@cs.com.
2015 Satellite Symposia Opportunities

Satellite Symposia opportunities are available for the 2015 BMT Tandem Meetings. All commercially-supported Satellite Symposia must follow all requirements (sanctions may be imposed for any violation of CME guidelines).

Satellite Symposium Proposal

Please send a cover letter with the completed “2015 Satellite Symposia Proposal Form” (enclosed, page 8) describing detailed objectives, content and faculty of the proposed Symposium, Disclosure of Relevant Financial Relationships for all planning company representatives in a position to control educational content and signed Planning Company Agreement. Both the letter and form must be submitted to BMT Tandem Meetings office no later than Monday, July 21, 2014 to obtain highest consideration for the most popular time-slots. A joint Organizing Committee for the BMT Tandem Meetings and the Medical College of Wisconsin, as CME provider, will review proposals based on documented need(s), content and scientific merit.

Conditional Acceptance

Notification of conditional acceptance will be sent to applicants in August. Organizations whose proposals are conditionally accepted must forward all requested Symposium details including final agenda, confirmed faculty, Disclosure of Relevant Financial Relationships for all faculty and budget, to the BMT Tandem Meetings Office by Monday, September 15, 2014 for final approval. Incomplete submissions will not be considered for final approval.

Final Approval

Notification of final approval will be sent to applicants in October. Once final approval has been confirmed, changes to the program, agenda or faculty cannot be made without written request and approval by BMT Tandem Meetings and MCW. Sanctions may be imposed for any violation of CME guidelines. For approved Symposia, a contribution to the BMT Tandem Meetings in the form of an educational grant is required, based on the enclosed schedule of Satellite Session opportunities. A 50% deposit is due on Monday, November 17, 2014. The grant should be submitted with the “Symposium Agreement Form” (which will be sent with notification of final approval). The grant will be used jointly by the ASBMT and CIBMTR to support educational activities. All Satellite Symposia are required to offer CME credit to attendees through the Medical College of Wisconsin.

Information about supplemental enduring materials is available upon request. All enduring educational materials must be pre-approved and coordinated through the Medical College of Wisconsin or its designated agent (see page 4).

60-Minute Luncheon Symposia

Luncheon sessions are available from 12:30-1:30 pm, Wednesday, February 11, through Saturday, February 14, funded by a $110,000 educational grant for a stand-alone symposium. Concurrent luncheon sessions are also available for $75,000. The grant includes facility rental, CME administration and certificate fees, standard AV (not including ARS) and a full luncheon buffet (food service 12:00-1:15 pm) for conference attendees.

Suggested topics recommended by our Scientific Organizing Committee include:

- Graft Engineering
- Mesenchymal Stem Cells
- Mobilization
- Myelofibrosis
- GVHD Management
- Pharmacokinetic Monitoring
- Regenerative Medicine
- Target Therapies Post Transplant
- Infection
- CARs
Enduring Educational Materials

All presentations at the BMT Tandem Meetings are the property of its organizers: the ASBMT and CIBMTR. Any unauthorized reprint, electronic replication or other dissemination of the content of the BMT Tandem Meetings is a copyright infringement. These ownership rights apply to the content of satellite symposia, plenary sessions, concurrent sessions, workshops, abstracts and all other scientific presentations.

Within these copyright restrictions, however, the production and dissemination of enduring educational materials based on satellite symposia at the BMT Tandem Meetings is encouraged. An enduring educational material can be a brochure, monograph, audiocassette, videocassette, slide program, podcast, CD-ROM, DVD, Web site/Internet-based presentation or other printed or electronically communicated program.

The organizers of the BMT Tandem Meetings offer a variety of ASBMT-branded formats for enduring educational materials for disseminating satellite symposia presentations well beyond the immediate audience attending a symposium. The cost of these enduring materials can be “bundled” into the fee for support of a satellite symposium.

Symposium Proceedings in Print
A highly effective means of publishing enduring materials is the ASBMT monograph *Blood and Marrow Transplantation Reviews (BMTR)*. Entering its 23rd volume, *BMTR* publishes a review of lectures presented at the BMT Tandem Meetings and other medical meetings. *BMTR* is a controlled-circulation periodical that allows for the precise targeting of an audience (such as the transplant community, a wider circle of hematologists/oncologists, or other health care providers and investigators) through prior “opt-in” requests. The monograph is also published online in an electronic format on the BloodLine Internet portal for hematology professionals ([www.bloodline.net](http://www.bloodline.net)).

The grant requirement for turnkey content development, production, and mailing of a CME-accredited issue to our circulation of 10,000 U.S. hematologists/oncologists is $65,000. The grant requirement for content development, production, and mailing of a CME-accredited issue to a targeted audience of 5,000 U.S. hematologists/oncologists is $60,000. Budgets include development, writing and editorial services, production and printing, list acquisition and distribution, online publication and hosting, faculty honoraria and CME accreditation by the Medical College of Wisconsin.

Symposium Proceedings as Online Webcast
*Blood and Marrow Transplantation Reviews* can also be produced as an online only webcast that presents the content of a single satellite symposium, synchronizing the recorded audio and the speaker slides. A digital version of *BMTR* is published on the Bloodline Internet portal for hematology professionals ([www.bloodline.net](http://www.bloodline.net)). Audiences are targeted through various audience generation methods offering “opt-in” access.

The grant requirement, including turnkey production and hosting for twelve months is $50,000. Budgets include content development, production services, testing, list acquisition and audience generation, online publication and hosting, faculty honoraria and CME accreditation by the Medical College of Wisconsin.

Symposium Proceedings on CD-ROM
*Blood and Marrow Transplantation Reviews* can be developed as a digital program for delivery on a CD-ROM. Each CD-ROM in the series presents the content of a single satellite symposium, synchronizing the recorded audio and the speaker slides. Through controlled-circulation distribution, the audience can be precisely targeted from prior “opt-in” requests. *BMTR Presents* also is published on the Bloodline Internet portal for hematology professionals ([www.bloodline.net](http://www.bloodline.net)).

The grant requirement, including turnkey production, replication and mailed distribution of 5,000 CDs is $71,500. For distributing 10,000 CDs the cost is $81,500. Budgets include content development, production services, testing, replication, list acquisition and distribution, online publication and hosting, faculty honoraria and CME accreditation by the Medical College of Wisconsin.

Other Media and Formats
The organizers of the BMT Tandem Meetings welcome suggestions and recommendations for other media and formats for disseminating educational materials based on the meetings. Do not hesitate to contact CIBMTR or ASBMT to discuss concepts that you have in mind.
2015 Dates to Remember
for Satellite Session Planners

2014


**August** Notification of conditional acceptance sent to applicants

**Monday, September 15** Final details due, including full agenda, confirmed faculty list with full contact information, Speaker Disclosure Forms (pg. 12), provisional budget, Pre-Application for CME (pg. 9) and Commercial Support Agreement (pg. 10-11)

**October** Notification of final approval sent to applicants

**Monday, November 17** 50% deposit of total estimated educational grant due

**Monday, November 17** No refund if Satellite Symposium is cancelled after this date

**MCW Forms for payments to International Faculty due**

**Friday, December 12** Balance of grant due with signed Final Letter of Agreement

2015

**Friday, January 16** All promotional material must be approved by MCW CME. W-9 due for all US speakers or stipends will be paid after the meeting.

**February 11-15** 2015 BMT Tandem Meetings

**Monday, March 16** Full expense report due and faculty reimbursement form with full disclosure

**Wednesday, April 15** All invoices must be paid in full
After Your Proposal Receives Conditional Acceptance...

**Confirm Details & Budget**
Complete the enclosed CME Activity Planning Worksheet, Commercial Support Agreement (or letter of agreement from commercial supporter), Planning Company Agreement and Speaker Disclosure Forms as required by the Medical College of Wisconsin CME office. Complete the enclosed Budget Form outlining all disbursements to be made from the educational grant, as well as those not included in the grant such as meeting planning fees, faculty travel expenses and stipends, audio-visual equipment rental, etc. Return the completed forms with a detailed agenda (including length of each presentation) and full contact information for invited faculty to Sherry Fisher by email: sffisher@mcw.edu or fax: 414.805.0713 prior to Monday, September 15, 2014.

**Final Approval**
Notification of final approval and a Satellite Symposium Reservation Form will be sent to applicants in October. No advertising or marketing related to the symposium may be done prior to notification of final approval.

**Deposit & Satellite Symposium Reservation Form**
A 50% deposit of the total educational grant (base grant plus additional funds to be disbursed) is due to hold your reserved date and time, by Monday, November 17, 2014. Checks should be made payable to the “Medical College of Wisconsin/BMT Tandem Meetings.” Tax ID: 39-0806261.

**Balance due**
The balance and the Commercial Support Agreement (or letter of agreement from commercial supporter) are due Friday, December 12, 2014. Checks should be made payable to the “Medical College of Wisconsin/BMT Tandem Meetings.”

**Working with Medical College of Wisconsin CME Office:**
To expedite approval of promotional material or for other information contact Linda Caples, MBA, Director of Continuing and Professional Education, Medical College of Wisconsin, at 414-955-4900, fax: 414-456-6623, e-mail: lcaples@mcw.edu prior to January 16, 2015.

**MCW Logo**
Refer to the Medical College of Wisconsin CME website (see above) regarding identity standards, guidelines for CME Disclosure, and required text for brochures and promotional announcements. Satellite Symposia must not use “CIBMTR”, "IBMTR/ABMTR," "Statistical Center," "Registry," "ASBMT" or "Medical College of Wisconsin," “ACCME” 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 BMT Tandem Meetings before Friday, January 16, 2015.

**Signage**
Signage is the responsibility of the Planning Company. A few poster-size signs may be shipped to the meeting in advance, and placed throughout the Convention Center on the day of the Satellite Session. Easels will be provided. Sign content must be approved in advance by the MCW CME Office. (Note: Signs may not be posted until after the preceding satellite session has ended.)

**Regarding On-site Logistics/Convention Services**
Questions regarding initial planning efforts and scheduling faculty rehearsals prior to symposium may be directed to BMT Tandem Meetings Manager, D’Etta Waldoch, CMP (bmttandem@cs.com), as some restrictions may apply regarding room set-up and other on-site logistics.

**On-site Assistance Available**
In addition to providing CME Evaluation Forms for distribution at the Satellite Symposium, BMT Tandem Meetings will assist with coordinating food and beverage, Standard AV and meeting set-up arrangements with the Convention Services staff at no charge.

For additional on-site assistance, such as receiving and unpacking conference materials, setting up displays and shipping, and arranging for satellite session rehearsal logistics, please contact D’Etta Waldoch, CMP at bmttandem@cs.com. Simple requests will be handled without additional charge. Labor- or staff-intensive tasks will incur additional fees not to exceed $50/hour/person.
Forms Enclosed

**Satellite Proposal Form**
Page 8  2015 Satellite Symposia Proposal Form

**After Your Proposal Receives Conditional Acceptance**
Pages 9  Pre-Application for Continuing Medical Education for Satellite Symposia
Pages 10-11  Written Agreement for Commercial Support for CME Activity
Page 12  Disclosure of Relevant Financial Relationships Form
Page 13  Attestation Form
Pages 15-17  Planning Company Agreement to Comply with CME Rules and Regulations
Pages 18-19  Budget Form and Guidelines for Budgeting and Faculty Reimbursement
Page 20-22  Sample Confirmation Letter to Faculty
Page 23  Faculty Reimbursement Form
Page 24  Taping Consent Form
Page 25  Payments of Stipend and/or Travel Reimbursement to Individuals on Visas
Page 26  ACCME Standards for Commercial Support
Email this form with cover letter to slfisher@mcw.edu c/o Sherry L. Fisher, Associate Director of Development, CIBMTR, Medical College of Wisconsin, 9200 W. Wisconsin Ave, Ste C5500, Milwaukee, WI, 53226

RETURN THIS FORM BEFORE Monday, July 21, 2014

Please include a cover letter detailing the documented need(s), objectives, content and faculty (to the extent known) of the proposed Symposium. A joint Organizing Committee for BMT Tandem Meetings and the Medical College of Wisconsin as CME provider will review proposals based on documented need(s), content and scientific merit. Incomplete submissions will be returned.

Symposium Title: ________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please indicate first, second & third time preferences by number; additional offerings may be available at a later date:

<table>
<thead>
<tr>
<th>Concurrent Luncheon</th>
<th>Stand-alone Luncheon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday Feb 11</td>
<td>[ ] $75,000</td>
</tr>
<tr>
<td>[ ] $110,000</td>
<td></td>
</tr>
<tr>
<td>Thursday Feb 12</td>
<td>[ ] $75,000</td>
</tr>
<tr>
<td>[ ] $110,000</td>
<td></td>
</tr>
<tr>
<td>Friday Feb 13</td>
<td>[ ] $75,000</td>
</tr>
<tr>
<td>[ ] $110,000</td>
<td></td>
</tr>
<tr>
<td>Saturday Feb 14</td>
<td>[ ] $75,000</td>
</tr>
<tr>
<td>[ ] $110,000</td>
<td></td>
</tr>
</tbody>
</table>

Comments: ______________________________________________________
__________________________________________________________________________________________

Name of Meeting Planning Company: __________________________________
Primary Meeting Planner: _________________________________________ Email: _____________________________
Street Address/PO Box: ____________________________________________
City: __________________________ State/Province: __________________ Zip: _______
Country: ____________________ Telephone: __________________ Fax: ___________
Commercial Supporter (if known) Contact Person: _______________________
Title: ____________________________________________________________
Company/Institution: _____________________________________________
Street Address/PO Box: __________________________________________
City: __________________________ State/Province: __________________ Zip: _______
Country: ____________________ E-mail: __________________ Fax: ___________
Telephone: ____________________

[ ] Required: Planning Company Agreement attached
[ ] Required: Disclosure of Relevant Financial Relationships attached for all planning company representatives in a position to control educational content

For more information about 2015 BMT Tandem Meeting support opportunities, contact:
Sherry L. Fisher, Associate Director of Development - CIBMTR: 414.805.0687
General information about the 2015 BMT Tandem Meetings is available on-line: www.cibmtr.org -or- www.asbmt.org
Title: __________________________________________________________________________________________

Proposed Date: _________________ ____, 2015

Estimated hours of instruction: 1.0

Submitted by:
Name(s): _______________________________________________________________________________________

MedEd Co: _______________________________________________________________________________________

Phone: (____) ______________________

E-mail: ________________________________________________________________________________________

Collaborating Organizations (if applicable):

Attach list of all faculty with professional and academic titles, full address, telephone, fax and email address.

Synopsis:
What is the clinical/research/teaching/administrative issue you want to address?

Why is this an issue? (Answer in terms of knowledge, competence and/or performance)

What is it that you want to change amongst the many variables of that are causing the issue?

How will you know you were effective in producing that change?

Learning objectives:
List 3 or more objectives that address the identified need
At the conclusion of this activity, I will be able to:

General References:
3-4 relevant references that support the needs assessment

BUDGET
A copy of the proposed budget (refer to enclosed Guidelines) should be submitted with this worksheet. Be sure to specify proposed speaker stipends and travel expense allowances.

EVALUATION
Evaluation Forms will be distributed to all meeting participants by BMT Tandem Meetings on-site with meeting registration materials. Comments will be taken into consideration when determining future venues and meeting format. Participants will receive CME credit based only on educational and satellite sessions actually attended and evaluated. NOTE: Organizers of the BMT Tandem Meetings will coordinate the required evaluation process associated with CME accreditation. Suggestions for evaluation questions and/or format will be taken into consideration for each Satellite Session. Please contact D’Etta Waldoch at the BMT Tandem Meetings office (bmttandem@cs.com) with questions/suggestions.

Sanctions may be imposed for violation of any CME guidelines, which could result in probation or banning corporation and/or faculty member(s) from future participation in BMT Tandem Meetings Satellite Symposia with CME accreditation.
WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

The Medical College of Wisconsin (MCW) is an ACCME accredited provider committed to presenting CME activities that promote improvements or quality in health care and are independent of the control of commercial interests. As part of this commitment, MCW has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest* which are used to pay all or part of the costs of a CME activity.

<table>
<thead>
<tr>
<th>Title of CME Activity</th>
<th>2015 BMT Tandem Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Location</td>
<td>Manchester Grand Hyatt, San Diego, California</td>
</tr>
<tr>
<td>Activity Date</td>
<td>February 11-15, 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Commercial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Educational Grant (direct or in-kind)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Terms, Conditions, and Purposes

Independence
1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. MCW is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, election of education methods, and the evaluation of the activity.
3. The commercial supporter is expressly prohibited from specifying the manner in which MCW will fulfill the requirements of the ACCME's Elements, Policies and Standards.

Appropriate Use of Commercial Support
4. MCW and its delegates will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
5. The Commercial Interest will not require MCW or its joint sponsors to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
6. All commercial support associated with this activity will be given with the full knowledge and approval of the MCW. Nor other payments 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.
7. MCW and its delegates will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion
8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the same room as the CME activity.
9. The Commercial Interest may not be the agent providing the CME activity to the learners.
**Disclosure**

10. MCW and its delegates will ensure that the source of support from the Commercial Interest, either direct or "in-kind", is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.]

11. MCW and its delegates will ensure disclosure to the audience of any relevant financial relationship between itself and the Commercial Interest or between individual speakers or moderators and the Commercial Interest.

The Commercial Supporter and MCW agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education SM* and the prevailing standard of the *AMA PRA Category 1 Credit TM* program.

<table>
<thead>
<tr>
<th>Name of Accredited Provider</th>
<th>The Medical College of Wisconsin, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax ID Number</td>
<td>39-0806261</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Linda D. Caples, MBA</td>
</tr>
<tr>
<td>Phone Number</td>
<td>414-955-4900</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:lcaples@mcw.edu">lcaples@mcw.edu</a></td>
</tr>
</tbody>
</table>

**Educational Partner (if applicable)**

<table>
<thead>
<tr>
<th>Tax ID Number</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Commercial Interest**

<table>
<thead>
<tr>
<th>Tax ID Number</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agreed by Authorized Representatives**

**Commercial Interest**

<table>
<thead>
<tr>
<th>Signature and Date</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MCW, Accredited Provider**

<table>
<thead>
<tr>
<th>Signature and Date</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Partner/Joint Sponsor (if applicable)**

<table>
<thead>
<tr>
<th>Signature and Date</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The Medical College of Wisconsin (MCW) defines a Commercial Interest as any proprietary entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. MCW does not consider providers of clinical service directly to patients to be commercial interests. Units of the federal, state or local government are not considered to be commercial interests for CME purposes.*

February 2012
Satellite Symposium Disclosure of Commercial Relationships and Attestations

Title of Accredited Activity: 2015 BMT Tandem Meetings – Satellite Symposia

Name (speaker, author, teacher, planner):

Role in the Activity: [ ] planner [ ] speaker [ ] reviewer [ ] monitor

Title of Speaker’s Presentation:

Date of Activity: February 11 - 15, 2015  Program ID: TBD

Known Commercial Supporter(s) of this meeting:

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 will be resolved.

First, list all the names of commercial interests (i.e., any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on, patients) 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 you think they relate to the presentation or not. For this purpose we consider the relationships of your spouse or partner that you are aware of to be yours. Unpaid advisory board membership and grant money given to an institution for your use should be reported. Mutual fund ownership does not need to be reported.

If you or your spouse/partner have no commercial interests, check the appropriate box below and proceed to the Attestations on the second page.

Second, describe what you or your spouse/partner received (i.e., salary, stipend, etc). The Medical College of Wisconsin, Inc. does NOT want to know how much you received.

Third, describe your role.

Example terminology

<table>
<thead>
<tr>
<th>Commercial Interest</th>
<th>What was received</th>
<th>For What Role?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Company ‘X’</td>
<td>Stipend</td>
<td>Speaker</td>
</tr>
</tbody>
</table>

If you do not have any relevant financial relationships with any commercial interests, check the box below.

I do not have any relevant financial relationships with any commercial interests.

Date Form Completed:  
By:

Any details you can provide below about how your work with the commercial interest(s) does or does not relate to the content of your presentation will greatly help the CME Office with the process of resolving any possible conflict of interest and approving your talk. For example, there would be no conflict of interest for someone who has received compensation for a presentation on a drug for acid reflux when their talk for the CME event will be on colitis.
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 at bmttandem@cs.com as soon as possible.

☐ Agree  ☐ Disagree  The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not 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.

☐ Agree  ☐ Disagree  I have not, and will not accept any honoraria, additional payments or reimbursements for this CME activity beyond that which has been agreed upon directly with the Medical College of Wisconsin (MCW).

☐ Agree  ☐ Disagree  I understand that MCW may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

☐ Agree  ☐ 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.

☐ Agree  ☐ Disagree  If I am providing recommendations involving clinical medicine, they 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.

☐ Agree  ☐ Disagree  If I am discussing specific health care products or services, I will use generic names to the extent possible.

☐ Agree  ☐ Disagree  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.

☐ Agree  ☐ Disagree  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.

☐ Agree  ☐ Disagree  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 any way with 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: _______________________

Return this form to the BMT Tandem Meetings Office, bmttandem@cs.com or fax to 414.805.0713
This page is for your information only please do NOT return it to the CME office.

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.

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

Glossary of Terms

Commercial Interest
The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing healthcare 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 the ACCME. The Medical College of Wisconsin, Inc. considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant relationships
The 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. Inherent in any amount is the incentive to maintain or increase the value of the relationship. MCW defines “‘relevant' financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Relationships which are deemed relevant to being a planner or presenter at this meeting will be disclosed to the audience/participants.

Patents
If a patent is owned by an individual, it is a relevant item 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.
2015 BMT Tandem Meetings
Planning Company Agreement
to Comply with CME Rules and BMT Tandem Meetings Regulations

Return this form with cover letter to D’Etta Waldoch at bmttandem@cs.com or fax 414-805-0713.

Purpose of Satellite Symposia at the BMT Tandem Meetings
The purpose of Satellite Symposia at the BMT Tandem Meetings is to bring useful, up-to-date, scientifically accurate, balanced, unbiased information to blood and marrow transplantation 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 BMT Tandem Meeting Regulations
The following rules and regulations have been developed for all independent planning companies, medical communications companies, meeting planning companies and other entities (hereafter called “Planning 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 Planning Company. Contact Linda D. Caples, MBA, Director, Office of Continuing and Professional Education at lcaples@mcw.edu, phone: 414-455-4900, fax: 414-955-6623.

1. An authorized representative of the Planning Company must sign this “Planning Company Agreement to Comply with CME Rules and BMT Tandem Meeting Regulations” before final approval of a Satellite Symposium is granted.

2. A Planning Company becomes an agent of the continuing medical education (CME) provider and must be approved by the Medical College of Wisconsin. The exclusive CME provider for the BMT Tandem Meetings is the Medical College of Wisconsin (MCW).

3. Planning Companies that fail to comply with CME guidelines may have sanctions imposed, up to and including exclusion from further participation in the BMT Tandem Meetings and/or future BMT Tandem Meetings and/or activities in which MCW acts as CME Provider.

4. The Medical College of Wisconsin, 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 MCW.

5. Upon presentation at the BMT Tandem Meetings, the Satellite Symposium program and its content become the property of BMT Tandem Meetings and are governed by the Medical College of Wisconsin as CME provider.

6. Planning Company must comply fully with ACCME Standards for Commercial Support (see page 26).

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 the BMT Tandem Meetings in compliance with established CME guidelines. A summary of completed evaluations, including written comments, will be provided after the BMT Tandem Meetings.

8. If an unlabeled product or an unapproved use of a product is discussed during the Satellite Symposium, it must be disclosed to the symposium 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. The organization hosting the Satellite Session shall remit a 50% deposit of total estimated grant no later than **Monday, November 17, 2014**. Deposits received after November 17, 2014, will incur a 10% delinquent fee; and to remit the balance of the educational grant, administrative fees and signed Letter of Agreement to the BMT Tandem Meetings no later than **Friday, December 12, 2014**. Residuals received after December 12, 2014, will incur a 10% delinquent fee. The unpaid balance of the educational grant received after the date of the symposium will incur a 25% delinquent fee. Any variance must be submitted to the BMT Tandem Meetings in writing prior to the due date and given pre-approval by the BMT Tandem Meetings and the MCW CME Department.

10. Full expense report due, including receipts and faculty reimbursement form with full disclosure by **Monday, March 16, 2015**.

11. Additional costs, including on-site charges, will be billed after the BMT Tandem Meetings. All invoices must be paid by **Wednesday, April 15, 2015**, or will incur a 20% late fee and organizers may be ineligible for future Satellite Symposium submissions.

12. If the Symposium is cancelled after **Monday, November 17, 2014**, there will be no refund to the Planning Company.

13. BMT Tandem Meetings strongly recommends that stipends for faculty and their expenses be paid by the Planning Company. To facilitate this, a joint sponsorship agreement must be signed by MCW as the CME Provider delegating fiduciary responsibility to the Planning Company. A letter of request must be submitted to MCW CME with a copy to BMT Tandem Meetings by **Monday, November 17, 2014**. Any payment or reimbursement by the Commercial Supporter directly to a symposium speaker, moderator or chair is strictly forbidden. To comply with CME regulations, all symposium-related expenditures by the Planning Company and the Commercial Supporter, as well as any of their agents, must be disclosed to the BMT Tandem Meetings and MCW. Full accounting of all symposia-related expenses must be provided to the BMT Tandem Meetings within 30 days after the adjournment of the Meetings.

14. All monies and fees associated with a Satellite Symposium are strictly regulated in accordance with ACCME Standards for Commercial Support (enclosed). A violation may place the CME accreditation of a symposium in jeopardy. As a general rule, all monies and fees including the base grant (which covers facility rental, CME administration, standard AV and food service), must be paid to BMT Tandem Meetings, 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 the BMT Tandem Meetings and the CME Office of the Medical College of Wisconsin are (a) stipends for faculty, the meeting registration fee and actual travel costs for symposium faculty who may be reimbursed for these expenses by the Planning Company (but not directly by the commercial supporter) and (b) fees and expenses paid by the Commercial Supporter and for the services of the Planning Company.

15. Travel cost reimbursements to individuals on U.S. tourist/business visitor visas must comply with the regulations set forth by the US 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 the BMT Tandem Meetings. (For questions regarding special forms required for invited faculty who are not U.S. citizens, contact D’Etta Waldoch at bmttandem@cs.com.)

16. Education is the primary purpose of a Satellite Symposium. Food and beverage must be modest and a secondary element in organizing and publicizing the symposium.

17. All Satellite Symposium planning (including set-up, food and beverage, audiovisual services and other arrangements) must be made through and handled by the meeting manager for the BMT Tandem Meetings, unless other arrangements are agreed upon to allow the Planning Company to relate directly with the convention services staff. The meeting manager for the BMT Tandem Meetings, D’Etta Waldoch, CMP, may be reached at bmttandem@cs.com. When alternate arrangements are approved, the Planning Company must keep the meeting manager for the BMT Tandem Meetings fully informed of all communications with the hotel, resort or convention services staff.

18. Audiovisual technicians are required for all Satellite Symposia. All on-site audiovisual services, including projection during the symposium, are provided by the BMT Tandem Meetings. Only by prior agreement with the meeting manager for the BMT Tandem Meetings and in special circumstances may a Planning Company, a Commercial Supporter or their agent be permitted to provide on-site audiovisual services or projection for a Satellite Symposium.
19. No audio, video or other recording of a Satellite Symposium is permitted without consent of the BMT Tandem Meetings. Any permitted audio, video or other recording must be made clearly evident to the audience.

20. The Planning Company must provide on-site staff to assist with any invited faculty needs, handout materials and other last-minute arrangements, logistics and traffic flow. BMT Tandem Meeting staff may be available to provide on-site assistance, if arranged prior to the conference, at a rate of $50 per hour per person.

21. The creation and distribution of enduring materials based on Satellite Symposia is encouraged, but is governed by the “Requirements for the Development and Distribution of Enduring Education Materials from the BMT Tandem Meetings.” A copy of the requirements can be obtained from the CIBMTR or the ASBMT Executive Office (or see page 4).

22. The Planning Company and the Commercial Supporter may not post on-site promotional signs in the hotels or convention center lobbies without permission of the BMT Tandem Meetings. Placing promotional materials under the doors of hotel guest rooms (or “door drops” of any kind) is not permitted. A door drop opportunity is available. See www.asbmt.org or www.cibmtr.org for details and a rate card.

23. The Planning Company and the Commercial Supporter may not use “Center for International Blood & Marrow Transplant Research,” “CIBMTR,” “International Bone Marrow Transplant Registry,” “Autologous Blood and Marrow Transplant Registry,” “American Society for Blood and Marrow Transplantation,” “IBMTR,” “ABMTR,” “ASBMT,” “Registry,” “Statistical Center,” “Medical College of Wisconsin,” “MCW,” “ACCME,” “Manchester Grand Hyatt” 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 the BMT Tandem Meetings prior to distribution and no later than Friday, January 16, 2015. Promotional materials received after January 16, 2015 may not be considered or authorized.

By signing this “Planning Company Agreement To Comply with CME Rules and BMT Tandem Meeting Regulations,” 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 BMT Tandem Meetings.

________________________________________   Date: ___________________________
Signature of Planning Company Representative

Print Name:______________________________________________________________

Title:______________________________________________________________

Name of Planning Company:________________________________________________

Address____________________________________________________________

____________________________________________________________

Phone:_________________________   Fax:____________________________________

Email:______________________________________________________________
See Guidelines for Budgeting & Faculty Reimbursement (attached). Please forward completed form by Monday, September 15, 2014 to Sherry Fisher at slfisher@mcw.edu or fax: 414.805.0713.

Planning Company Representative: __________________________________________________________

Name of Commercial Supporter (Organization): ____________________________________________

Planning Company Mailing Address: ______________________________________________________

Phone: __________________ Fax: __________________ E-mail: ________________________________

Satellite Symposium Title: ______________________________________________________________

**EDUCATIONAL BASE GRANT** – includes facility rental, CME administration, standard AV and food service, due in full by Friday, December 12, 2014. Deposit of 50% due Monday, November 17, 2014.

**ANTICIPATED EXPENSES** – to be reconciled after the Meeting:

*BMT Tandem Meetings recommends stipends for US citizens and travel expenses for all speakers be paid by the Planning Co.*

**ANTICIPATED CHAIR & FACULTY STIPENDS**: MCW suggested stipends amount per speaker: $500.

$_________ Chair Stipend [ ] check if chair is a US citizen

$_________ Faculty Stipends ($____ x ____ # of US speakers; $____ x ____ # of non-US speakers)

$_________ **Total Faculty Stipends** (Chair stipend + faculty stipends)

**ANTICIPATED CHAIR & FACULTY EXPENSE** Check if expenses will be paid by Planning Company (see below)

$_________ Conference Registration Fees

$_________ Hotel

$_________ Coach Airfare

$_________ Ground Transportation

$_________ Tolls and Parking

$_________ Mileage @ $0.56/mile (current May 2014)

$_________ Meals

$_________ Other Expense [ ] specify: __________________________

$_________ Other Expense [ ] specify: __________________________

$_________ **TOTAL**

**ANTICIPATED MISCELLANEOUS SYMPOSIUM MANAGEMENT EXPENSE**

$_________ Meeting Management Company Fees & Travel

$_________ Creative Development (Printing/Publications)

$_________ Other Expense, specify: ______________________________________________________

$_________ Other Expense, specify: ______________________________________________________

$_________ **TOTAL**

*Planning companies are strongly encouraged to obtain permission to prepay speaker expenses including travel and housing for all speakers and stipends for U.S. citizens, whenever possible to simplify accounting. If travel and/or housing is not prepaid, original ticket stubs with the original credit card statement used to pay for the travel and/or housing must be submitted before reimbursement can be made, per Medical College of Wisconsin travel reimbursement policies. Missing documentation for expenses will delay reimbursement and may result in 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, after approval from MCW, be paid directly by the Commercial Supporter. Full budgetary disclosure is required under CME regulations and detailed reconciliation and documentation is required.*
Guidelines for Budgeting & Faculty Reimbursement

Please 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 titles, full address, telephone, fax and email address and administrative assistant email addresses must be sent to BMT Tandem Meetings at bmttandem@cs.com; fax: 414.805.0713 prior to Monday, September 15, 2014. Copies of initial invitation letters sent by the Commercial Supporter or Planning Company to faculty should be included. Please refer to the enclosed sample confirmation letter for CME-related verbiage that should be included in your letter to invited faculty.

Planning companies, after obtaining BMT Tandem Meetings and Medical College of Wisconsin (MCW) approval, are strongly encouraged to prepay travel and housing expenses and stipends for all speakers, whenever possible to simplify accounting. Each planning company will need a letter from MCW as the CME Provider delegating fiduciary responsibility. Please submit a letter of request to BMT Tandem Meetings by January 16, 2015. 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 Planning 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 planner for signature, indicating approval of reimbursable expenses which have not been prepaid. The Travel 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 BMT Tandem Meetings by the representative for payment.

STIPENDS

Suggested stipends amount per speaker: $500. Stipends are discretionary; however the MCW policy requires written pre-approval for stipend payments exceeding $1,500 to any one person. Planning companies are strongly encouraged to pay speaker stipends, after obtaining BMT Tandem Meetings and Medical College of Wisconsin approval. Otherwise, stipends for US speakers will be paid on-site if a Form W-9 is received by the BMT Tandem Meetings by January 16, 2015. Stipends for foreign nationals will be paid by MCW after the meeting. It is the responsibility of the commercial supporter/planning company to obtain notarized copies of all necessary documents as listed on Stipend or Other Payment Form on page 24. A notary public will be provided on-site by BMT Tandem Meetings.

CONFERENCE REGISTRATION FEES — see www.asbmt.org or www.cibmr.org for online registration. Satellite Symposia faculty are exempt from paying the conference registration fee only for the day of their satellite session presentation. If faculty members arrive a day early or stay a day later and plan to attend any portion of the BMT Tandem Meetings beyond the day of the satellite session, payment in full for conference registration is required and faculty should register as “Member” or “Non-member” (as appropriate), rather than “Invited Faculty.” Please make it clear that faculty will be invoiced for any unpaid conference registration fees, unless corporate funds are disbursed through BMT Tandem Meetings (faculty should be made aware of IRS ruling concerning income.)

AIR TRAVEL

Full coach should not exceed $1,000 for domestic and business class fare should not exceed $5,000 for international tickets. Travel coordination should be done by the Planner/Commercial Supporter as early as possible to attain lowest fares.

GROUND TRANSPORTATION

Ground transportation (taxi, airport shuttle, etc.) should be reimbursed at actual cost.

HOTEL ACCOMMODATIONS

Hotel expense 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 under the "BMT Tandem Meetings" group, or use the online housing form.

MEALS/PER DIEM

Meals should 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 meals do not exceed $71 per day.

AUDIOVISUAL REQUIREMENTS

Cost of standard audiovisual rentals and technical support staff is included in the educational base grant. Additional AV expenses, such as use of Audience Response Systems (ARS) are not included in the base grant and are the responsibility of the Planning Company.

ADA

Please keep in mind that the Americans with Disabilities Act (ADA) mandates that BMT Tandem Meetings, including all Satellite Symposia, must be completely accessible to all participants and faculty. Please contact D’Etta Waldoch at bmttandem@cs.com IMMEDIATELY regarding any faculty member requiring special accommodation.
Sample Confirmation Letter
(sent to Satellite Symposium speakers by Corporate Planning Company on behalf of the CME provider, the Medical College of WI)

<Month Date, Year>

<First Name Last Name, Degree>
<Organization>
<Street Address>
<City, State Zip code>

Dear <Degree. Last Name>:

Thank you for agreeing to serve on the faculty of the upcoming continuing medical education activity, entitled <Activity Name> that will be held February XX, 2015 during the 2015 BMT Tandem Meetings at the Manchester Grand Hyatt in San Diego, CA. This CME activity is directly sponsored by the Medical College of Wisconsin Office of Continuing Professional Development.

The title(s) of your presentation(s) is/are <Presentation Title(s)>

The scheduled date(s) of your presentation is/are: <Scheduled Date(s)>

The scheduled start and end time(s) of your presentation(s) are: <Insert Times>

The target audience for this activity is <target audience(s)>

The overall activity objectives are:
   • <Overall activity objectives>

Your stipend for this presentation is: $<enter dollar amount> plus expenses <delete if no stipend>

The commercial supporter(s) for this activity, as of today’s date, is/are: <enter names of commercial supporter(s)>

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. If a commercial interest is supporting this CME activity, we will disclose that information to our participants.

As faculty for this CME activity, you are required to do the following:
   • Disclose any personal financial relationship(s) that you or your spouse/partner has/had over the past twelve months with any commercial interest(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 unlabeled or unapproved uses of drugs or devices.

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

Please 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, please incorporate any strategies and tools that you believe will aid participants in applying new information into practice in order to change 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 Medical College of Wisconsin NO LATER THAN January 16, 2015. 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 lavaliere microphone will be available at the conference. If you require additional AV equipment, please contact me directly.

Travel Arrangements and Hotel Accommodations

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 <Insert Location> once you provide me with your arrival and departure dates OR I will make a reservation in your name at <Insert Location> for arrival on XXXX and departure on XXXX.

Tax Forms

Before a stipend check can be issued, faculty must complete an IRS W-9 Form, as we are required to have on file the Social Security number and home address for U.S. citizens who receive stipends.

Non-U.S. citizens must complete the IRS W-7 Form for International Tax Identification Number (ITIN) or have an U.S. ITIN or U.S. Social Security number, prior to receiving a stipend or travel reimbursement. This policy is mandated by our CME sponsor, the Medical College of Wisconsin (MCW) in compliance with U.S. government regulations, and is not optional. Many international speakers already have U.S. Social Security numbers from having worked within the U.S. previously during training or on sabbatical. All speakers must also complete the MCW Honorarium or Other Payment Form.

While on-site at the BMT Tandem Meetings international speakers must meet with the Notary Public for about 10-15 minutes, available Wednesday to Sunday between Noon-2:00 pm. Please bring your passport and travel visa/I94 card. A photocopy will be made of each document and notarized for you at no charge. Your documents will then be returned to you immediately. Submit completed documents in the envelope provided, to the BMT Tandem Meetings Registration desk before you leave the Conference, to receive your stipend check. Your documents will be mailed to the US government processing office for you. You will receive notice directly from the US government regarding your ITIN application within four-six weeks. NOTE: Your stipend will be paid, regardless of the status of your ITIN application, but you must apply.

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

Once again, thank you for your willingness to participate in this CME event. If I can be of any additional help, or can clarify any of the above statements, please contact me via phone at <123-456-7890>, fax <123-456-7890> or e-mail <your email address here>.

With best regards,

<Your Name>
<Your Title>
Enclosures: <insert list of enclosures>
PLANNING INSTRUCTIONS FOR YOU
AS A CME FACULTY MEMBER

Planning a CME activity is often a complex process that includes an understanding of professional practice gaps, the underlying educational needs, and the desired results of the CME activity. The information below will assist you, as an instructor, in completing this process:

1. **Planning Educational Content Relative to Patient Safety and Systems 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, we are requesting that you address any patient safety issues that are applicable. In addition, research has shown that there are often “system barriers”\(^1\) that learners encounter when they return to their practice environment. These barriers prevent participants from implementing what they have learned at CME activities. As you develop the content of your presentation, please be aware of these potential barriers and address them in your presentation.

2. **Compliance with U.S. and International Intellectual Property Laws and Treaties**

   In order to comply with U.S. and international intellectual property laws and treaties, instructors are required to identify graphics and other information used in a CME presentation that are protected by copyright and properly acknowledge the source of the cited material in a footnote on the slide. Should the material be further used in an enduring material, the source of the footnote will be contacted in order to obtain written release for the use of the material in question.

3. **Compliance with HIPAA Regulations**

   Patient confidentiality falls under the Health Insurance Portability and Accountability Act (HIPAA). As such, please ensure that your presentation is free of any information that would allow a specific person to be identified. Should you decide to utilize case studies, images, or video vignettes that could violate patient confidentiality, a written release must be on file with the Medical College of Wisconsin.

---

\(^1\) Examples of system barriers include reimbursement issues, managed care rules, formulary decisions, contradicting practice guidelines, etc.
2015 Satellite Symposium Faculty Reimbursement Form

Instructions for Faculty: Please complete this Form and forward it to your Satellite Symposium Planner representative for signature, along with original (not photocopies, faxes or emails) receipts, ticket stubs and credit card statements, if applicable. YOUR CHECK CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE AND THE SIGNATURE OF THE PLANNER AT THE BOTTOM OF THIS PAGE.

Your Planner Representative is:__________________________ Phone:________________________

Satellite Symposium:_________________________________________ Commercial Support Organization:_________________________________________ Date of Program:________

Approved Amount of Stipend: $__________

☐ Check if you do not have travel expenses to submit to BMT Tandem Meetings; skip to section “Make Check Payable to” if you have travel expenses to submit, please complete the information in the box below and remainder of this Form.

Reimbursement Policy: Stipends may be paid on-site for U.S. speakers if we have your Form W9 on file 30 days prior to the conference. Planning 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 planning company will be disbursed by BMT Tandem Meetings/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. Emailed and faxed receipts or photocopies are not considered originals and will not be accepted as proof of payment by MCW. Faculty and planner/commercial supporter signatures (below) are required for reimbursement. Stipends checks not cashed within 6 months of issue date will be considered void.

Instructions for Planner/Commercial Supporter Representative: Please document any expenses prepaid or reimbursed in the box below, to the right of the check boxes. Your signature on this Form indicates acknowledgment of expenses incurred and approval for reimbursement of expenses to Faculty. Please mail this Form (requires two signatures) and original receipts (not photocopies) to D’Etta Waldoch, BMT Tandem Meetings Headquarters, c/o CIBMTR, Medical College of Wisconsin, Suite 2500, 9200 W. Wisconsin Ave, Ste C5500, Milwaukee, WI, 53226, USA.

FOR REIMBURSEMENT OF STIPEND PLUS TRAVEL EXPENSE:

REMEMBER: Stipends cannot be prepaid or reimbursed by the Commercial Supporter.

$________ Stipend [☐ prepaid by:__________________________ $________]

$________ Conference Registration Fee [☐ prepaid/reimbursed by:__________________________ $________]

$________ Hotel [☐ prepaid/reimbursed by:__________________________ $________]

$________ Coach Airfare [☐ prepaid/reimbursed by:__________________________ $________]

$________ Ground Transportation [☐ prepaid/reimbursed by:__________________________ $________]

$________ Tolls and Parking [☐ reimbursed by:__________________________ $________]

$________ Mileage _____ miles @$0.56 (as of May 2014) [☐ reimbursed by:__________________________ $________]

from: ___________ to: ___________

$________ Meals [☐ reimbursed by:__________________________ $________]

$________ Other, specify:_________________________________________________________ [☐ reimbursed by:__________________________ $________]

$________ Other, specify:_________________________________________________________ [☐ reimbursed by:__________________________ $________]

$________ TOTAL STIPEND PLUS EXPENSE

Make Check Payable to:__________________________________________________________

☐ Social Security# or ☐ Tax ID# (Check one only, and provide number):__________________________

Institution/Department:_________________________________________

Address:

City:_________________________________ State: ______ Zip: ______ Country:________

Phone: ______________________ Fax: ______________________ 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.

REMEMBER: Faculty and planner/commercial support representative signatures are required for reimbursement to be processed.

Commercial Support Representative Signature:_________________________________________ Date:________________________

Phone: ______________________ Fax: ______________________ E-mail: ______________________
RECORDING YOUR SESSION

You (a Presenter at the BMT Tandem Meetings) hereby agree and guarantee that you solely own the intellectual property rights to any material you provide in your presentation, and/or have the appropriate permission to provide the same during your presentation and are not in any way prohibited from agreeing to the terms herein. You understand and agree this guarantee applies to your presentation and the materials you use during the same regardless of whether you agree below to allow the BMT Tandem Meetings and its organizers to audio or video record your presentation. In presenting/speaking at the BMT Tandem Meetings, you give the meeting organizers, the ASBMT and the CIBMTR, an unlimited non-exclusive license to use, reprint, copy, post on the organizers' website(s), distribute and/or edit any material you include in your presentation, in any format the meeting organizers so choose, including photograph or film. This non-exclusive license applies to the content you provide in any plenary sessions, concurrent scientific sessions, workshops, oral abstract presentations, poster presentations, abstracts and all other scientific presentations. Any unauthorized or unlawful reprint, electronic replication or other dissemination of the content of the BMT Tandem Meetings is a copyright infringement.

Presentations in the BMT Tandem Meetings may be recorded for distribution by BMT Tandem Meetings, unless specifically asked not to by you. Presenters understand the presentations/talks will be disseminated electronically. All appropriate speaker forms must be completed in advance by all speakers.

Audiotape and Videotape Permission

☐ My signature below indicates my approval of BMT Tandem Meetings organizers to produce, duplicate and distribute a recording of my presentation and any materials provided therein, and that I will not receive any of the proceeds of the sales of the recordings.

All recordings become the property of BMT Tandem Meetings.

________________________________________________
Signature of Faculty Member

☐ Please do not audio or video record my presentation.

NOTE: Speakers who wish to receive a complimentary electronic copy of their presentation, should go to the recording company sales desk immediately after the session to make their request. Complimentary recordings will not be available after the meeting.

Credit for Attendance or Teaching

Faculty requesting continuing medical education (CME) credits, or continuing education units for pharmacists or allied health professionals are reminded to submit appropriate attendance and evaluation forms within 15 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.
Honorarium or Other Payment Form  
(To be Completed by Payee)

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 statuses may not be eligible for honorarium or other payment)

The following must be supplied in order to receive payment:

1. ( ) I have supplied a copy of my Social Security Card or Individual Taxpayer Identification Number (ITIN) documentation.
   ( ) 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 Rd., Milwaukee, WI 53226.
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 identity page and 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 being made. Due to Internal Revenue Service (IRS) and Department of Homeland Security regulations, Accounts Payable cannot make payment without all above-mentioned items.

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

- This 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 last six (6) months.

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

Individuals requesting honorarium 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 Accounts Payable Office

HR Verification of Visa Status ___________________ Date ______________

Updated: August 2010