

SPONSORSHIP PROSPECTUS



WESTERN **PEDIATRIC**
TRAUMA CONFERENCE

Huntington Beach
CALIFORNIA

JULY 15-17
2020

PASEA HOTEL AND SPA

21080 Pacific Coast Highway
Huntington Beach, CA 92648

www.pedtrauma.org



WESTERN **PEDIATRIC**
TRAUMA CONFERENCE

SPONSORSHIP PROSPECTUS

The 2020 Western Pediatric Trauma Conference (WPTC) will be held in Huntington Beach, CA on July 15-17, 2020. The conference features nationally renowned faculty in the fields of pediatric trauma, critical care, emergency medicine and pre-hospital care. The program content is targeted to surgeons, nurses and health care professionals from around the nation who care for injured children. This event is an unparalleled opportunity to make and solidify relationships through person-to-person communications and marketing. Reserve your sponsorship and/or booth space today!

PROVIDED BY



IN COLLABORATION WITH





SUPPORT LEVELS

Trauma Red, \$15,000 - Premier Level

Company name on advertisement board and table tents; company name on display screens within the main conference room at the conference; company name on conference literature; and announcements throughout the day.

Trauma Level One, \$10,000 - Lunch/Reception (four available)

Company name on advertisement boards and table tents; recognition during the lunch breaks; and company name on conference literature.

Trauma Level Two, \$5,000 - Breakfast (three available)

Company name on advertisement boards and table tents; and extra visibility and recognition during breakfast.

Trauma Level Three, \$3,000 - Invited Speaker (multiple available)

Company name on advertisement boards and table tents; recognition during the lunch breaks; and company name on conference literature.

Trauma Level Four, \$2000 - Abstract, Best Practice, or Point- Counterpoint Sessions

Company name on advertisement boards and table tents; and extra visibility and recognition during specific sessions.

Lanyard, \$3000 - (one available)

Company name on lanyards with conference logo.

Sponsors are invited to also exhibit at the conference. Additional payment and Application forms are required.



WESTERN PEDIATRIC
TRAUMA CONFERENCE

PAYMENT FORM

Date: July 15-17, 2020

Firm Name _____
(as you would like it to appear in the acknowledgments)

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Website** _____

eMail Address _____

SELECT A LEVEL

- Trauma Red, \$15,000 - Premier Level
- Trauma Level One, \$10,000 - Lunch/Reception
- Trauma Level Two, \$5,000 - Breakfast
- Trauma Level Three, \$3,000 - Invited Speaker
- Trauma Level Four, \$2,000
- Lanyard, \$3,000

Please email a company description (limit 230 characters) as it should appear in the social events program to Lisa McDonald Reyes at lmcdonald@chla.usc.edu by May 22, 2020. The Western Pediatric Trauma Conference reserves the right to edit as necessary for consistency and/or length.

Name of Representative(s) attending the conference _____

Return these forms with payment by May 22, 2020 to: Lisa McDonald Reyes Manager of Continuing Medical Education Children's Hospital Los Angeles | 4650 Sunset Blvd | Mailstop 71 | Los Angeles, CA 90027 Form may be sent by FAX with credit card payment to: 323-361-3719

PAYMENT

- AMEX Visa Master Card Discover Check

Total Enclosed \$ _____

Card Holder Name _____

Card Number _____

Expiration Date _____ **Security Code** _____

Signature _____



AGREEMENT

AGREEMENT FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION BETWEEN CONTINUING MEDICAL EDUCATION OFFICE AT CHILDREN'S HOSPITAL LOS ANGELES AND A COMMERCIAL SOURCE

Regarding Terms, Conditions and Purposes of an Educational Grant

Title of CME Activity: Western Pediatric Trauma Conference

Location: Huntington Beach, CA **Dates:** Jon July 15-17, 2019

Commercial Supporter (company name/branch) _____

The above company wishes to provide support for the named continuing education activity by means of (indicate which option below):

Educational grant for support of the CME activity in the amount of: \$ _____

RESTRICTED GRANT TO REIMBURSE EXPENSES FOR

Trauma Red, \$15,000 - Premier Level

Company name on advertisement board and table tents; company name on display screens within the main conference room at the conference; company name on conference literature; and announcements throughout the day.

Trauma Level One, \$10,000 - Lunch/Reception (four available)

Company name on advertisement boards and table tents; recognition during the lunch breaks; and company name on conference literature.

Trauma Level Two, \$5,000 - Breakfast (three available)

Company name on advertisement boards and table tents; and extra visibility and recognition during breakfast.

Trauma Level Three, \$3,000 - Invited Speaker

Company name on advertisement boards and table tents; recognition during the lunch breaks; and company name on conference literature.

Trauma Level Four, \$2,000 - Abstract, Best Practice, or Point-Counterpoint Sessions

Company name on advertisement boards and table tents; and extra visibility and recognition during specific sessions.

Lanyard, \$3,000 - (one available)

Company name on lanyards with conference logo.

CONDITIONS

1. STATEMENT OF PURPOSE: Program is for scientific and educational purposes only and will not promote the company's products directly or indirectly.

2. CONTROL OF CONTENT & SELECTION OR PRESENTERS & MODERATORS: Continuing Medical Educations Services at Children's Hospital Los Angeles ("sponsor") is responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the program. The company, or its agents, will

respond only to sponsor-initiated requests for suggestions or presenters or sources of possible presenters. The company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Sponsor will record role of company, or its agents, in suggesting presenter (s); will seek suggestions from other sources, and will make selection of presenters(s) based on balance and independence.

3. DISCLOSURE OF FINANCIAL RELATIONSHIPS: Sponsor will ensure meaningful disclosure to the audience, at the time of the program, or (A) company funding and (B) any significant relationship between the sponsor and the company (i.e. grant recipient) or between individual speakers or moderators and the company.

4. INVOLVEMENT IN CONTENT: There will be no "scripting", emphasis, or influence on content by the company or its agents.

5. ANCILLARY PROMOTIONAL ACTIVITIES: No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.

6. OBJECTIVITY & BALANCE: Sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or treatments.

7. LIMITATIONS OF DATA: Sponsor will ensure, to the fullest extent possible, the meaningful disclosure of limitations of data (i.e. ongoing research, interim analysis, preliminary data, or unsupported opinion.)

8. DISCUSSION OF UNAPPROVED USES: Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. OPPORTUNITIES FOR DEBATE: Sponsor will ensure meaningful opportunities for questioning or scientific debate.

10. INDEPENDENCE OF SPONSOR IN THE USE OF CONTRIBUTED FUNDS:

- A.** Funds should be in the form of an educational grant made payable to: Children's Hospital Los Angeles Continuing Medical Education (accredited sponsor).
- B.** All other support associated with this CME activity (i.e. distributing brochures, preparing slides) must be given with full knowledge and approval to the Continuing Medical Education Office at Children's Hospital Los Angeles (accredited sponsor).
- C.** No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education (appended).

Continuing Education Services at Children's Hospital Los Angeles agrees to:

- Abide by the ACCME Standards for Commercial Support of Continuing Medical Education
- Upon request, furnish the Commercial Supporter a report concerning the expenditure of the funds provided
- Acknowledge education support from the commercial company in program brochures, syllabi, and other program material

AGREED

Commercial Company representative (name) _____

Signature _____ **Date** _____

Lisa McDonald Reyes _____ **Date** _____

Continuing Medical Education Program Manager
Office of Academic Affairs at Children's Hospital Los Angeles



WPTC

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