SCAI Platinum Co-Providership of Medical Education Program Application (Non-U.S.)

The Society for Cardiovascular Angiography and Interventions Foundation • (800) 992-7224 • Fax (866) 733-2576
1100 17th Street NW, Suite 330 • Washington, DC 20036 • info@SCAI.org • www.SCAI.org

This agreement is between The Society for Cardiovascular Angiography and Interventions Foundation, hereinafter, **SCAI**, and **ORGANIZATION**, hereinafter, **ORGANIZATION NAME**. For successful approval of your application SCAI encourages its partners to submit this form **6 MONTHS IN ADVANCE**.

CONTACT INFORMATION

Organization: _____

Primary Contact: _____ Email: _____

Address: _____

PROGRAM INFORMATION

Program Title: _____

Program Website: _____ Date: _____

Location: _____

Program Director(s): _____

Program Curriculum / Faculty: Please attach a summary of the program curriculum, with the names and titles of all faculty.
(If the program is not yet available, an electronic copy of a program from a previous year may be submitted).

ROLES AND RESPONSIBILITIES

PROMOTION

(Organization's Name) will take primary responsibility for promoting the program. SCAI will assist in these efforts by:

- Providing one complimentary set of member mailing addresses to (Organization's Name);
- Providing a posting and link to the (Organization's Name) website in the online calendar of events, weekly emails, and the co-providership section of the SCAI website;
- Providing an SCAI logo for use in all program marketing materials;
- Providing listing of the program in the SCAI newsletter up until the time of the program;
- Color Banner Ad/Logo on the SCAI co-providership page;
- One email blast sent to SCAI membership on the behalf of (Organization's Name);
- Program brochures for the meeting will be distributed at SCAI events as applicable;
- Independent quarter page ad in *SCAI News and Highlights*, information and graphics will be provided by (Organization's Name);
- Acknowledgement and event posting on the Facebook.com SCAI fan page.

RECOGNITION

SCAI will be recognized as program co-provider on all program and promotional materials, including websites. In all instances in which the (Organization's Name) logo appears on program material, the SCAI logo also will appear. The program co-providers will assist SCAI with their membership recruitment efforts by making the SCAI membership application and other SCAI brochures available to participants during the program. SCAI will provide these materials. In addition, **SCAI requires that the FSCAI designation be included in all faculty listings, as appropriate**.

CONTENT CONTROL

(Organization's Name) will take responsibility for ensuring the scientific quality and integrity of the program.

REVENUE AND FINANCIAL RISK

(Organization's Name) assumes all financial risk and retains any excess income after all expenses are paid.

FUNDRAISING

(Organization's Name) will take responsibility for all program fundraising.

ROLES AND RESPONSIBILITIES *(Continued)*

PROGRAM MANAGEMENT

(Organization's Name) will take responsibility for all program development and management tasks.

PROGRAM SUMMARIES

(Organization's Name) will provide SCAI with one copy of evaluation summary and program attendee list within 30 days of the end of the program.

DISCOUNTS

If registration fee discounts are available to members of the co-providing organization(s), the discounts will be extended to members of SCAI as well.

ADMINISTRATIVE FEE

(Organization's Name) will remit $5,000 (payable to "SCAI") to cover administrative costs of platinum co-providership.

TERM

The term of this platinum co-providership agreement will be one year from the date it is signed, up to the start of the program.

AGREEMENT

The undersigned agree to the conditions stipulated above.

Name / Title (Organization's Name): _____ Date: _____

Beatrice Reyes (SCAI Senior Director, Meetings & Membership): _____ Date: _____

Please sign and date this application and return it, along with a copy of the program curriculum, to the following (SCAI will return one signed copy to you upon approval):

The Society for Cardiovascular Angiography and Interventions Foundation
OUS Co-Providerships, c/o Eric Grammer
1100 17th Street NW, Suite 330
Washington, DC 20036

Phone: 1 (800) 992-7224
Fax: (202) 689-7224
Email: egrammer@scai.org

PROCEDURE FOLLOWING APPROVAL

SCAI will promote approved co-providerships on SCAI.org, in weekly emails, on SCAI's Facebook page, in *SCAI News & Highlights* newsletter, and at SCAI events as applicable. In order for SCAI to promote the co-provided program, **(Organization's Name) should submit the following information and materials within 30 days of SCAI's co-providership approval**.

Please email materials to egrammer@scai.org.

1. **Program name, date, location, directors, and link to the program website**

   Information to be included on: SCAI.org's online calendar of co-provided events, SCAI's Facebook page as an event posting; *SCAI News & Highlights* newsletter's listing of upcoming programs up until the time of the program.

2. **Color banner ad / logo to be displayed on SCAI.org's online calendar of co-provided events**

   Format: JPG or GIF, web-optimized
   Dimensions: 200 pixels (wide) x 125 pixels (tall)

3. **One email blast to be sent to SCAI membership on the behalf of (Organization's Name)**

   Format: Zipped folder, including email blast HTML file and images
   Distribution: Please list three weeks of distribution based upon preference

4. **50 program brochures for the meeting will be distributed at SCAI events as applicable**

   Mail brochures to: SCAI, Co-Provider Program Brochures
   c/o Eric Grammer
   1100 17th Street NW, Suite 330
   Washington, DC 20036

5. **Quarter page print ad to be included in *SCAI News & Highlights* newsletter**

   Format: JPG or PDF, high quality print file
   Resolution: 300 DPI or higher
   Dimensions: 3.25 in. (wide) x 4.5 in. (tall), 0.25 in. bleed on all sides