New Hampshire Musculoskeletal Institute
ADVANCING KNOWLEDGE. ADVANCING CARE.

Safe Sports network

35 Kosciuszko Street | Manchester, NH 03101 | P: (603) 627-9728 | F: (603) 627-0880 | www.nhmi.net | E: amy@nhmi.net

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Morgan Stanley Financial Advisor, Retired

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Idaho State University, Retired

Vendor Participation Form

NHMI's 26th Orthopaedic Winter Meeting
The OMNI Mount Washington Resort & Spa
January 8-9, 2027

I,_____, of_____(or my representative)...

Choose one:

_____ will attend the 26th NHMI Orthopaedic Winter Meeting to be held January 8-9, 2027, at OMNI Mount Washington Resort & Spa (Bretton Woods, NH) for the purpose of displaying my products. Enclosed, please find my check (indicate amount by circling below) to reserve exhibit table.
_____ will not attend the meeting but wish to be a sponsor. Enclosed please find my check for (specify amount) _____ . I understand my company's logo will be included in Winter Meeting publicity.

Gold Sponsor Includes access to attendee list with contact information with attendee permission, 1 large exhibit table with premium location, recognition on NHMI webpage, event signage, and includes reception tickets for 4 representatives. Member registration rate applies for employees of sponsors at this level.	$5,000
Silver Sponsor Includes access to attendee list with contact information with attendee permission, 1 large exhibit table, recognition on NHMI webpage, event signage, and includes reception tickets for 2 representatives. Member registration rate applies for employees of sponsors at this level.	$4,000
Exhibitor Includes access to attendee list with names only with attendee permission, 1 small exhibit table, event signage, and reception tickets for 2 representatives.	$3,000

PLEASE RETURN THIS FORM ALONG WITH YOUR DIGITAL LOGO AND SPONSORSHIP CHECK BY NOVEMBER 20, 2026. Make checks payable to NHMI, TIN: 02-0471046. Visit https://www.nhmi.net/ winter-meeting-vendor-reg.html to pay by credit card.

THANK YOU!

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Letter of Agreement

Regarding Terms, Conditions and Purposes of sponsorship/support for an educational event between _____ (Commercial Supporter/Sponsor) and NH Musculoskeletal Institute (Company).

(FORM MUST BE TYPED OR PRINTED LEGIBLY)

Title of CME Activity: 26th NHMI Orthopaedic Winter Meeting

NH Musculoskeletal Institute and Commercial Supporter/Sponsor agree to the presentation of the above CME Activity to be held on January 8-9, 2027 at The OMNI Mount Washington Resort & Spa, Bretton Woods, NH by multiple presenters as selected by NH Musculoskeletal Institute. In managing this presentation, NH Musculoskeletal Institute and Commercial Supporter/Sponsor shall follow the Conditions referenced and attached to this letter of agreement.

Commercial Supporter/Sponsor (Company Name/Branch) _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Contact Person: _____

Cell: _____ Email: _____

The above Commercial Supporter/Sponsor wishes to provide support for the above continuing education activity and agrees to abide by these conditions:

CONDITIONS:

1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the Commercial Supporter's/Sponsor's products, directly or indirectly.

2. Control of Content & Selection of Presenters & Moderators: NH Musculoskeletal Institute is responsible for the control of content and selection of presenters and moderators. The Commercial Supporter/Sponsor, or its agents, agrees not to direct the content of the program and will respond only to requests for suggestions of presenters or moderators. The Commercial Supporter/Sponsor will suggest more than one name (if possible) will provide speaker qualifications, will disclose financial or other relationships between the Commercial Supporter/Sponsor and speaker, and will provide this information in writing. NH Musculoskeletal Institute will record role of Commercial Supporter/Sponsor, or its agents, in suggesting speaker(s), will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence. The Commercial Supporter/Sponsor does not have an expectation of preferential treatment by NH Musculoskeletal Institute and will not receive preferential treatment from NH Musculoskeletal Institute as a result of the sponsorship.

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Conditions, Cont.

3. Disclosure of Financial Relationships: The NH Musculoskeletal Institute will ensure meaningful disclosure to the audience, at the time of the program of (a) commercial support/sponsorship and (b) any significant relationship between the Commercial Supporter/Sponsor and NH Musculoskeletal Institute (e.g. sponsorship recipient) or between the individual speakers or moderators and the Commercial Supporter/Sponsor.

4. Involvement in Content: There will be no "scripting," emphasis, or direction of content by the Commercial Supporter/ Sponsor or its agents.

5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or obligate the path of the educational activity. No program advertisements will be permitted in the program room.

6. Objectivity & Balance: NH Musculoskeletal Institute will make every effort to ensure that data regarding the Commercial Supporter's/Sponsor'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 alternative treatments.

7. Limitations on Data: NH Musculoskeletal Institute will ensure, to the extent possible, disclosure of limitation on data, e.g. ongoing research, interim analyses, preliminary data, or unsupported opinion.

8. Discussion of Unapproved Uses: NH Musculoskeletal Institute will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. Opportunities for Debate: NH Musculoskeletal Institute will ensure opportunities for questioning or scientific debate.

10. Independence of NH Musculoskeletal Institute in the use of Contributed Funds:
    a. funds should be in the form of a sponsorship made payable to NH Musculoskeletal Institute (accredited provider).
    b. all other support associated with this CME activity (e.g. distributing promotional materials, preparing slides, etc.) must be given with the full knowledge and approval of NH Musculoskeletal Institute (accredited provider).
    c. No other funds from the Commercial Supporter/Sponsor will be paid to the program coordinator, faculty, or others involved with the CME activity (additional honoraria, extra social events).

The Commercial Supporter/Sponsor agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education.

NH Musculoskeletal Institute agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support from the commercial supporter/sponsor in promotional mailer and other program materials, and 3) upon request, furnish the commercial supporter/sponsor a report concerning the expenditure of the funds provided.

AGREED

Commercial Supporter/Sponsor Company Representative Name: _____

Signature: _____ Date: _____

Signature: Dawn L Belmore Date: September 1, 2026

Program Director, Dawn Belmore, MEd, NHLAT, ATC