

DONATION AGREEMENT

BETWEEN: The **Association d'oto-rhino-laryngologie et de chirurgie cervico-faciale du Québec**, a legal person duly constituted according to law, with a head office at 2 Complexe Desjardins, porte 3000, Montreal QC H5B 1G8.

Hereinafter the "Association"

AND: **Company** _____,
a legal person duly constituted according to law, with a place of
business at _____.

Hereinafter the "Donor"

WHEREAS the Association wishes to organize the following continuing medical education activity (hereinafter the "Activity"), which is designed to address doctors' training needs:

Title: **Annual Convention**

Date: **October 29 – 31, 2010**

Location: **Château Frontenac, Quebec (QC)**

WHEREAS the Donor agrees to contribute to funding the Activity via an unconditional donation.

THE UNDERSIGNED AGREE AS FOLLOWS:

1. The preamble is an integral part of this agreement.
2. The Donor agrees to an unconditional donation of \$_____ (hereinafter the "Donation") to the Association to organize the Activity. This amount is to be paid in full in the 30 days that follow the signing date of this Agreement by the Donor.
3. The Donor acknowledges that the Association will have complete, final and independent control over the organization, content and conduct of the Activity. The Association acknowledges that the Donor has no responsibility or role with respect to the organization, content and conduct of the Activity, or the location where the Activity is to be held, or the staff, material and products used for the Activity.

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- 4. The donation is not to be used to pay the personal expenses of participating doctors (e.g. travel and accommodations) in whole or in part.
- 5. The Donation will be acknowledged in relevant Activity documentation with the following or a similar mention:

"This continuing medical education activity was made possible thanks to an unconditional donation by (name of the company)."

- 6. The Donation may also be underscored on the Association's website, as applicable.
- 7. The Donor's products and brand names shall not be mentioned during the Activity, in the Activity's documentation or on the Association's website.
- 8. In the event the entire Donation is not used, or if the Activity is cancelled, the Association shall transfer the unused amount of the Donation to its continuing medical education account to fund future continuing medical education activities, after consulting the Donor as to a preferred choice of activity to fund.

In witness whereof, the parties have signed this Agreement in Montreal:

On _____, 2010

On _____, 2010

Jocelyne Fortin
Administrative Assistant
Association d'oto-rhino-laryngology
et de chirurgie cervico-faciale du Québec

Mr./Ms.
Title
Company :

Name of the company : _____	Name of contact person : _____ (To which all meeting correspondence will be addressed)
Address : _____	Address : _____
City : _____	City : _____
Province : _____ Postal Code: _____	Province : _____ Postal Code : _____
Telephone : _____ Fax : _____	Telephone : _____ Fax : _____
Email : _____	Email : _____

GOLD Donor : 5 000 \$ **SILVER Donor : 2 500 \$** **BRONZE Donor : 1 000 \$**