

AMERICAN SOCIETY FOR
Pain Management

Nursing[®]

4400 College Blvd Suite 220 ❖ Overland Park, KS 66211 ❖ 913-222-8666 ❖ aspmn@kellencompany.com

ASPMN[®] Geriatric Pain Management Course Agreement

American Society for Pain Management Nursing[®] (ASPMN[®]) and **NAME OF SPONSOR** (Sponsor) hereby agree to the following:

Sponsor shall schedule the ASPMN[®] Geriatric Pain Management course in _____ (Location), on _____ (Date).

Sponsor shall pay ASPMN[®] the course fee of \$6,000 no less than sixty (60) days prior to the course.

Sponsor shall arrange for a facility in which the course shall be held; book and pay for lodging and local transportation for the master faculty; market the course; print the course syllabus as given by ASPMN[®] for distribution to participants; handle registration; make arrangements for a laptop computer and LCD projector set up; and furnish on-site coordination for the course and faculty. Other faculty travel expenses may also be billed to the Sponsor by ASPMN[®]. Sponsor shall provide ASPMN[®] with a sample of the course marketing materials prior to mailing for authorization.

The sponsor shall be responsible to make and provide copies of the presentation in handout form or provide electronically to all participants.

The sponsor shall be responsible to make and provide copies of the evaluation tool for all participants of the lecture and distribute at the beginning of the lecture.

The sponsor shall be responsible to make and provide copies of the continuing education certificate for all attendees and distribute to attendees ONLY after each participant has submitted their evaluation.

The sponsor shall be responsible to maintain a listing of attendees in an Excel spreadsheet with contact information for each participant to be sent to ASPMN[®]'s National Office within 7 business days of the lecture.

The sponsor shall be responsible to collect the evaluations and summarize into spreadsheet; submit spreadsheet to ASPMN[®]'s National Office within 7 business days of lecture.

ASPMN[®] shall schedule the faculty, pay the speakers honorarium, coordinate and pay for speakers' airfare, if needed, supply one (1) complete course syllabus in PDF format to be reproduced for participants by Sponsor, advertise the course on the Web site, www.aspmn.org; and provide the course evaluation options and contact hour certificate.

ASPMN® shall provide one (1) mailing list of members in the sponsor's geographic area free of charge, upon receipt of a copy of the mailing (or a mock-up of the mailing) advertising the course. Additional requests for the mailing list shall be charged at a 10% discount off the regular rental cost of .25 per name.

The ASPMN® Geriatric Pain Management Course has been approved for 6.5 contact hours (including 1.5 pharmacology hours for APNs) by the Ohio Nurses Association (OBN-001-91) which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center Commission on Education. ASPMN® shall provide contact hour credits and use an evaluation template.

Here is the statement to be included on all marketing materials:

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The ASPMN® Geriatric Pain Management Course may be cancelled without penalty if ASPMN® is notified no less than 60 days prior to the scheduled date of the course. Cancellation of the ASPMN® Geriatric Pain Management Course no less than 30 days prior to the scheduled date will result in a 50 % refund of the fee. Within 30 days of the scheduled course, no refund will be granted.

NOTE: Only ASPMN® Master Faculty shall teach the ASPMN® Geriatric Pain Management Course.

The persons signing this Agreement warrant that they are authorized to execute this document.

For American Society for Pain Management Nursing® (ASPMN®)

Jerrie Lynn Kind
Executive Director
ASPMN®

Dated: _____

For **Sponsor Organization name**

Representative Name

Dated: _____

Sponsor Address

Sponsor Phone

Sponsor Email

Event Inquiries Contact Name and Email