

Please select your primary roles as a:



PLANNER

FACULTY

AGREEMENT: Everyone who serves in an educational delivery role at an American Vein & Lymphatic Society (AVLS) activity must complete this form. By signing below you agree to abide by the policies, requirements and deadlines for presenters outlined within, including all linked information. Please contact the AVLS Education Department should you have any questions.

I will disclose to the AVLS any financial relationship(s) that I have with an ACCME-defined commercial interest within the past 24 months.

I understand that my disclosure information will be reviewed by the AVLS Continuing Medical Education (CME) Department, meeting planners, CME Committee, and/or a designee of the aforementioned. Conflicts of interest, should they exist, will be resolved prior to my participation in this activity. Resolution may include, but is not limited to, changes to my presentation content or materials, or changes to my role in the activity.

I agree to inform the audience if my presentation includes any discussion of a product NOT labeled by the FDA for the use under discussion or that is still investigational. Further, I agree to disclose the IRB status, or equivalent, of the study being presented, if applicable.

I agree to design a presentation that is free from commercial bias for or against any product, will promote quality or improvements in healthcare and NOT a specific proprietary business interest of a commercial interest.

I agree to give a balanced view of therapeutic options by only using generic names whenever possible. If trade names must be used because generic names are not widely known and their use would hinder the educational content of my presentation I agree to use several trade names from multiple manufacturers.

I agree to NOT include any commercial logos, advertisements, or product group messages within my presentation.

I will support my presentation and clinical recommendations with evidence from current medical literature that is accepted within the profession of medicine as adequate justification for their indications and contraindications. All scientific research referred to, reported, or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection, and analysis.

I agree to comply with the requirements to protect health information as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the 2013 Final Omnibus Rule. I will provide patient release forms to the AVLS as required.

I agree to obtain the necessary copyright permission(s) and list that information within my presentation materials if any portion of my presentation(s) are not my original work or for which I do not hold the copyright.

I understand that a formal observer may be participating in the activity to ensure that all presentations are educational and free of product promotion and/or group marketing.

I consent to being recorded and having my presentation materials recorded for distribution to attendees and possible use in AVLS's Online Education Center.

I agree NOT to accept any honoraria, additional payments or reimbursement for this CME activity beyond what has been agreed upon directly with the AVLS.

I have read and understand **AVLS's Position & Policy Statement** and agree to abide by its intent and purpose as a presenter at an AVLS educational activity.

I understand that my presentation(s) will be reviewed prior to the activity to ensure my content is free of bias, fair balanced in nature, and clinically valid. I will comply with required changes as requested.

I agree to provide my presentation materials, including learning objectives, slide sets, video clips, test questions, references, etc. (as applicable) by the stated deadline.

I understand that if I do not comply with all of the above I might be barred from participating as a presenter at future AVLS educational activities and my current invitation to participate may be withdrawn.

AVLS Annual Conference 2025 - Washington, DC

Signature: _____ Date: _____

Name: (printed) _____

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