



Missouri
CHAPTER

Date Submitted: _____

Support Information Form

Section 1: Contact information.

Name (and title, if applicable): _____

Organization (and department, if applicable): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Contact for follow up questions? Yes No

Section 2: Information about support opportunity event.

Name of organization: _____

Name of event: _____

Event date(s): _____

Event Location: _____

Number of anticipated attendees: _____ Number of years this meeting has been held: _____

What is the geographic reach/target audience of your event? _____

Is your event accredited? Yes No

If yes, types of credit being offered? _____

Briefly describe event:

MOACC Support Information Form Continued

Support **Type (choose one)**: Please note that we are offering the following as part of the support agreement. We are not intending to be content providers.

Simple Support Agreement (MOACC Logo only, no funding provided)

Benefits provided by the Missouri Chapter of the American College of Cardiology:

- One-time use of MOACC member's list (either for a mailed piece or an email blast; email blast information must be sent to us as a word document or typed into an email to us; we will distribute)
- Distribution of course flyers/brochures at other relevant meetings that the MOACC partners between agreement and 2 weeks prior to event
- Posting the course on the MOACC Website, Twitter account and Facebook Page
- Advertisement of the course in the MOACC newsletter – electronic, link it back to the event page

Benefits provided by your organization:

- Logo placement on the cover of the course brochure as a sponsoring-organization
- Logo placement in brochure on interior page with a "Thank You" statement
- Logo placement on all supplemental promotional materials (web, email, print ads, etc) as a supporting organization
- Provide MOACC with a copy of the marketing materials prior to distribution
- Display of MOACC membership materials at the event
- Provide MOACC with an Excel list of meeting attendees no later than 10 days after the meeting with approval of attendees.
- Provide MOACC with Meeting Attendee Evaluation Summary no later than 30 days after the meeting

Grant-in-aid Support (MOACC Logo and grant support)

Benefits provided by the Missouri Chapter of the American College of Cardiology:

- All Benefits of Simple Support agreement plus:
 - Educational Grant funds - (\$1500) grant payment for supported Meetings. Money will be distributed after evaluations are received by the MOACC administrative office
 - ACC will cover travel expenses for the ACC representative.

Benefits provided by your organization:

- All Benefits of Simple Support Agreement, plus:
 - One free registration for a MOACC member
 - Booth in exhibit area to share the mission of and information related to ACC activities.
 - Provide MOACC completed Summary Report within 15 days after the meeting

Please provide a program for review (if current program is not yet available, a preliminary program or previous year's program is acceptable)

Would you be interested in having the MOACC provide a speaker to present a clinical topic relevant to your program?

Yes No

Would the MOACC be able to have a booth and signage at your event?

Yes No

MOACC Support Information Form Continued

Please include any additional information that may assist in the evaluation of this support request:

Timeline: Please submit your support request at least 60 days in advance of your meeting. You will be notified of the Missouri ACC Partnership Taskforce’s decision within 30 days of the receipt of your application.

Send to:

Missouri Chapter of the American College of Cardiology
2650 S. Hanley Rd., Ste. 100
St. Louis, MO 63144
Email: MOACC@QABS.COM
Fax: 314-845-1891

Please contact the MOACC at 314-416-2275 or email moacc@qabs.com with additional questions.

For Internal Use Only:

Does the support opportunity or event meet one or more of the following MOACC Requirements?

- Medical Advancement
- MOACC Mission
- Community Engagement
- Other _____

Approved: _____

Denied: _____

Amount Approved: _____

Cost Center Charged: _____

Comments: _____
