

Guidelines for Association for Molecular Pathology (AMP) International Conference – Full Conference Support

General Guidelines:

1. Application packet must be submitted to AMP at least six months prior to the start of the event.
2. Event dates must not fall within one month prior to or two weeks following the AMP Annual Meeting.
3. Requestor must be a member of AMP.
4. Requestor must be a member of the Organizing Committee of the event.
5. The theme of the event must be related to molecular diagnostics.

Speaker Selection and Support:

1. AMP will provide support for speaker travel up to \$3,000 USD, depending on the location of the event.
2. Speaker(s) supported by AMP funds will be AMP members.
3. The event Organizing Committee will select the speaker(s).
4. Speaker travel support will be provided by AMP via reimbursement. Refer to reimbursement request form for specifics.
5. Speaker(s) will be asked to report back to AMP on the outcomes of the presentation and event. Refer to speaker input form for details.

AMP Visibility and Event Promotion:

1. AMP must be acknowledged in all meeting materials as providing support for the meeting, e.g., as a co-sponsor.
2. The AMP-sponsored speaker(s) is functioning as an ambassador for AMP and should therefore promote AMP and AMP membership, e.g., acknowledge AMP in their presentations, give an introduction to AMP where appropriate, and/or distribute AMP brochures and other information to attendees.
3. AMP will publicize the event on its website and elsewhere as appropriate and timely.

Legal Requirements:

Confirmation of speaker support is contingent on receipt of a completed application packet executed by the organization planning the event and AMP that includes the following:

1. Completed application form (below)
2. Signed agreement form indemnifying and holding AMP harmless from any liability (below)
3. Proof of general liability insurance coverage for the event where applicable
4. AMP travel waiver signed by each AMP speaker (to be submitted upon selection of speakers)

Submit the above noted application packet to Kathleen Carmody at AMP via email at kcarmody@amp.org. Application form follows on page three of this document and agreement form is on page five.

Application for Association for Molecular Pathology (AMP) International Conference – Speaker Support

1. Name of Requestor (must be an AMP member and a member of the Organizing Committee).
2. Name of the Event
3. Location of the Event
4. Dates (and duration) of the Event (cannot fall within one month prior to or two weeks following AMP Annual Meeting. Refer to www.amp.org for meeting dates).
5. Scope or theme of the meeting and brief description
6. Meeting program and speakers with AMP member status noted. (Attach separately or direct to website as needed.)



ASSOCIATION FOR MOLECULAR PATHOLOGY
Education. Innovation & Improved Patient Care. Advocacy.
9650 Rockville Pike. Bethesda, Maryland 20814
Tel: 301-634-7939 | Fax: 301-634-7995 | amp@amp.org | www.amp.org

Agreement between the Association for Molecular Pathology (AMP) and International Conference Host Organization

To be signed by the appropriate representative of the host organization upon application for AMP speaker support for International conference.

Agreement:

- A. The host organization shall indemnify, save and hold harmless AMP, its subsidiaries, affiliates, related entities, partners, agents, officers, directors, employees, members, shareholders, attorneys, heirs, successors, and assigns, and each of them from and against any and all claims, actions, suits, demands, losses, damages, judgments, settlements, costs, and expenses (including reasonable attorneys' fees and expenses), and liabilities of every kind and character whatsoever (a "Claim"), which may arise by reason of (i) any act or omission by the Affiliate or any of its subsidiaries, affiliates, related entities, partners, officers, directors, employees, members, shareholders or agents, or (ii) the inaccuracy or breach of any of the covenants, representations and warranties made by the Affiliation in this Agreement.
- B. This indemnity shall require the host organization to provide payment to AMP of costs and expenses as they occur.
- C. The host organization shall promptly notify AMP upon receipt of any Claim and shall grant to AMP the sole conduct of the defense to any Claim.
- D. The provisions of this Section shall survive any revocation, surrender, or other termination of this agreement.

Signed by: _____ Date: _____
Name (type or print legibly)

Signature of host organization representative named above:

AMP Speaker Input Form

To be completed by AMP Members who present on behalf of AMP.

1. OBJECTIVES/GOALS

- a. What were the objectives of the conference/meeting for which you presented?
- b. Did your presentation and participation accomplish those objectives? How?

2. AUDIENCE/NEEDS/EVALUATIONS

- a. Who was the target audience for your session(s)?
- b. Approximately how many people attended your session(s)?
- c. What types of questions were asked?
- d. Were you able to identify any educational needs of your audience? If so, please describe.
- e. Did the host organizers conduct an evaluation with attendees for your session(s)? If so, would you be able to request and share the results when they become available?

3. SUMMARY

- a. Provide a narrative summary on all aspects of your participation, including logistics.
- b. Would you recommend AMP continue a relationship with this organization? If so, how?



ASSOCIATION FOR MOLECULAR PATHOLOGY
Education. Innovation & Improved Patient Care. Advocacy.
9650 Rockville Pike. Bethesda, Maryland 20814
Tel: 301-634-7939 | Fax: 301-634-7995 | amp@amp.org | www.amp.org

AMP Co-Sponsored Conference Reimbursement Process

This event has been approved by AMP for reimbursement of AMP speaker travel expenses totaling \$3,000. Please provide the following information in order to obtain reimbursement:

- Speaker First Name
- Speaker Last Name
- Speaker Mailing Address
- Speaker Email Address
- Amount of Reimbursement
- Format of Reimbursement (check or wire transfer)
- Spreadsheet with Details of Expenses – for each expense
 - Date(s)
 - Expense Amount in U.S. Dollars (include screenshot of conversion rate via www.xe.currencyconverter)
 - Expense Item (hotel, flight, cab, etc...)
- Receipt for Each Expense

Compile information above and submit to AMP:

Kathleen Carmody
kcarmody@amp.org
9650 Rockville Pike
Bethesda, MD 20814

Reimbursement may take 30 days upon receipt of all required documentation.