

EXHIBIT AND SUPPORT PROSPECTUS



INTERNATIONAL BLADDER
CANCER UPDATE

April 28, 2021

SUPPORT APPLICATION

SUPPORT APPLICATION (Please read and sign pages 1 and 2):

My company would like to support the Conference with general support (see below for information on individual support opportunities).

<input type="checkbox"/> Platinum (\$25,000) 6 registrations	<input type="checkbox"/> Gold (\$20,000) 5 registrations	<input type="checkbox"/> Silver (\$15,000) 4 registrations	<input type="checkbox"/> Bronze (\$10,000) 3 registrations	<input type="checkbox"/> Supporter (\$5,000) 1 registration
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SPECIAL FUNCTION SUPPORT PREFERENCES

- Industry Theaters (4 non-CME slots) — \$25,000
- Virtual Advisory Board Meeting time slot — \$10,000
- Online advertising (60-second video) on **Grand Rounds in Urology** — \$2,500
- Virtual IBCU 2021** meeting highlights webcast (support of selected online lectures) — \$40,000
- Virtual IBCU 2021** Satellite Symposium highlights printed and web publication as a supplement to *Grand Rounds in Urology* — \$30,000

All presentations at the **Virtual IBCU 2021** are the property of the organizer. Any unauthorized reprint, electronic replication or other dissemination of the content of **Virtual IBCU 2021** is a copyright infringement. These ownership rights apply to the content of plenary sessions, concurrent sessions, workshops, abstracts, satellite symposia, and all other scientific presentations.

Please have an authorized party sign and date below to indicate your agreement with the terms and conditions contained in this Support Application. I agree with and accept the terms of this Support Application and in the Conference Support Terms and Conditions agreement, which is available at: <https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/>

For (Print Applicant's Company Name): _____

By (Authorized Signature): _____

Print Name: _____ Title: _____

Date: _____

Organized by Carden Jennings Publishing Co., Ltd.
in partnership with *Grand Rounds in Urology*



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Carden Jennings Publishing Co., Ltd.



APPLICANT INFORMATION

Applicant name and address *as it should appear in the Official Program*

Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Email: _____

Contact Signature: _____

PAYMENT INFORMATION

All payments must be made in US dollars. Make checks payable to “Carden Jennings Publishing Co., Ltd.” Please remit payments by **April 21, 2021**. Tax ID Number: 62-1460831

We agree to pay the TOTAL sum of (USD): \$ _____

- I will pay by check (please make payable to “Carden Jennings Publishing Co., Ltd.”)
 - Please send me an invoice to process payment.
- I will pay by credit card (see details below)

CREDIT CARD AUTHORIZATION, if applicable

Card Holder Name:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card #:	Expiration Date (MM/YY):	CVV Code:	
Signature:	Date signed:		

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MEDICAL
EDUCATION
RESOURCES, INC.
A Non-Profit Company



Please forward completed form and payment to:

Marc Weathersby
Carden Jennings Publishing Co., Ltd.
375 Greenbrier Drive, Suite 100
Charlottesville, VA 22901

Phone: 434-817-2000 • Fax 434-817-2020 • E-mail: marc@cjp.com

The undersigned Applicant hereby makes application to obtain from Carden Jennings Publishing Co., Ltd. (“Conference Management”) the commercial support preferences and special event support preferences selected in this Support Application (collectively, the “Services”). The Applicant acknowledges and agrees locations shall be assigned by Conference Management, in its own discretion. The Applicant acknowledges and agrees that, upon acceptance by Conference Management, this Support Application will become a contract between Conference Management and the Applicant for the provision of the Services and that the Services shall be provided subject to the terms of the standard Conference Support and Exhibition Terms and Conditions agreement, which is available at: <https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/>.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Medical Education Resources and Carden Jennings Publishing Co., Ltd. Medical Education Resources is accredited by ACCME to provide continuing medical education for physicians.

Medical Education Resources designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

BY EXECUTING THIS AGREEMENT,

1. I verify that I am authorized to enter into this Agreement on behalf of the company/organization, and that I have complied with applicable company/organization policies.
2. The Company agrees to abide by the ACCME Standards for Commercial Support of Continuing Medical Education Activities, the American Medical Association Guidelines on Gifts to Physicians; HHS OIG Compliance Program Guidance for Pharmaceutical Manufacturers and PhRMA Code on Interactions with Healthcare Professionals.
3. No promotional activities will be permitted in the same space or obligate pathway of the educational activity.
4. No promotion of products will be permitted in the educational space immediately before, during or after the educational activity.
5. Acceptance of support does not constitute real or implied endorsement of any company products or activities.
6. The Support Agreement must be on file with GRU at least 7 business days before the activity is scheduled, unless other arrangements have been made with GRU. Sponsors will be acknowledged on signage.
7. The Support Fee must be paid before the program date, unless other arrangements have been made in writing with GRU in advance.
8. Representatives must register for the program in advance.