# Materials Purchase and Sub License Agreement

This Materials Purchase Agreement ("Agreement") is entered into on _____, 20___, between East Metro Medical Society Foundation (EMMSF) and _____ ("Provider."), Tax ID# _____.

1. This Agreement permits Provider to make copies or have electronic copies available of a set of advance care planning materials (the "ACP Materials") for use with Provider's staff and patients during the Term of this Agreement.
2. This Agreement is for a period of 12 months from the date written above (the "Term") or until either party terminates the Agreement under Section 6 below.
3. EMMSF will provide a locked file containing the ACP Materials to Provider. Provider may produce as many copies or make available as many electronic copies of the ACP Materials as are needed for use with Provider's staff and patients, but may not resell or otherwise distribute the ACP Materials.
4. Provider may not make any alterations to the ACP Materials.
5. Provider will pay EMMSF $_____ for the use of the ACP Materials as described in Addendum 1, Education Materials; Sub-License Payment Form
6. Either party may terminate this Agreement for cause by giving the other party 20 days prior written notice of its intention to terminate. If the party receiving that notice has not cured the breach specified in the notice by the 20th day after receipt of notice, this Agreement shall end. If EMMSF terminates this Agreement, no refund of any monies paid by Provider will be made. If Provider terminates this Agreement, a pro-rata portion of any fees paid but not earned as of the date of termination will be returned to Provider.
7. Upon termination or at the end of the Term of this Agreement, Provider must cease using the ACP Materials in its operations, return the locked file containing the ACP Materials to Provider, and destroy any copies of the ACP Materials on hand.

| | |
|---|---|
| _____ | _____ |
| _____ | _____ (signature) |
| Its Sue Schettle, CEO TCMS | Its _____ (print name) |
| Address<br>East Metro Medical Society Foundation<br>1300 Godward Street NE<br>Suite 2200<br>Minneapolis, MN 55413<br>Ph: 612 623 2885 | Address<br>_____<br>_____<br>_____<br>_____<br>Ph: |

Revised 12/1/11

Honoring Choices® MINNESOTA

# Education Materials Sub-License Payment Form

Include this payment form with your payment. Include your completed sub-license agreement with your payment as well, if you have not submitted your sub-license form online.

If you have any questions, you can call us at 612.623.2885 or email honoringchoicesmn@metrodoctors.com

## ORDER INFORMATION

**A. Sub-License Agreement Purchasing (choose one):**

- ❑ Materials Purchase and Sub-License Agreement (Honoring Choices Minnesota logo)

  or
- ❑ Co-Branded Materials Purchase and Sub-License Agreement

  (Your logo added along with Honoring Choices Minnesota logo) *see B below

**Annual Materials Licensing Fees:** Indicate the languages you would like below. English is checked by default.

- ☒ $200 for all English Documents
  - ❑ $25 additional for all Somali documents
  - ❑ $25 additional for all Hmong documents
  - ❑ $25 additional for all Spanish documents
  - ❑ $25 additional for all Russian documents

**A. SUBTOTAL : $ _____**

**B. Co-Branding:** If you are purchasing the *Co-Branded Materials Purchase and Sub-license Agreement* then indicate below if you will co-brand the materials in-house or if you would like TCMS (Twin Cities Medical Society) to do it for you.

- ❑ NO, we will co-brand the documents ourselves (skip to *Payment Information* on page 2)
- ❑ YES, we would like EMMSF to co-brand the files for our organization (one-time set up fee, listed below)

**If you choose yes above, indicate below the documents to be co-branded:**

*We will send you an email with instructions on submitting your organization's logo

- ☒ $50 for all English Documents
  - ❑ $25 additional for all Somali documents
  - ❑ $25 additional for all Hmong documents
  - ❑ $25 additional for all Spanish documents
  - ❑ $25 additional for all Russian documents

**B. SUBTOTAL : $ _____**

**TOTAL A & B : $ _____**

## PAYMENT INFORMATION

Payment Type: ❑ Check Enclosed ❑ Credit Card
*make checks payable to EMMSF

Full Name: _____
*If using a credit card for payment, please write name as it appears on your card

Organization Name: _____

Please charge the total due above to my: ❑Discover ❑MasterCard ❑Visa ❑American Express

Account #_____ Exp. Date: _____ Security Code: _____
(Back of Card)

Billing address for Credit Card: _____

City, State, Zip: _____

Cardholder signature: _____

Email payment confirmation to: _____

**Mail this form & payment to:***

EMMS Foundation
1300 Godward Street NE #2000
Minneapolis, MN 55413

***include a completed sub-license agreement form if you have not submitted on to us via the website**

EAST METRO MEDICAL SOCIETY
FOUNDATION
IMPROVING HEALTH IN THE EAST METRO