



AOPT Association or Business Partner Request for MOU

Name of AOPT SIG requesting partnership:

Name of Individuals requesting the partnership:

President

Vice President

BOD Liasion

What are the potential benefits to the AOPT and/or SIG?

What are the potential risks if any to the AOPT and/or SIG?

What type of collaborative relationship are you asking for (placeholder on AOPT or SIG web site, discounts for attending conferences or advertising)?

The essential components of a memorandum of understanding should be included. (Please identify)

1. Overview of the project – brief mission statement outlining purpose of the memorandum

2. Terms of collaboration –
 - a. Cooperation – define the activities

 - b. Resources – define the resources each partner agrees to bring to the table

3. Details about involved parties

4. Disclaimer – all activities conducted will comply with Federal law
5. Conditions of alteration or termination – conditions under which the agreement can be terminated or terms in which the agreement should be changed.
6. Binding signatures – President of AOPT and President of partner organization

Return MOU form to: tdeflorian@orthopt.org