*Memorandum of Understanding*

日程表簽訂協議

On behalf of CMAAC, the Continuing Education Committee and Promotion Committee would like to advise any interested organizations that our “PDA Program Calendar’s” soul purpose is to provide a channel where CMAAC members can view upcoming events within the acupuncture and TCM field, not to endorse the featured organizations.

CMAAC教育委員會和宣傳部委員會向所有有關機構提供名為“PDA項目日程表”的項目。 這個項目的是為CMAAC會員們提供一個更快捷便利的方式了解有關傳統中醫及針灸的活動時間，並不作宣傳廣告用途。

This agreement is to ensure that the organizations featured on our calendar recognize the calendar is used to promote their **specific event/seminar not the company or institution** itself. Every event posted on our calendar is reviewed and then approved by the Continuing Education Committee and Promotion Committee to ensure the event is professional and relatable.

以下合同是確保各機構同意將活動事情刊登在CMAAC日程表上。 本項目只提供為推廣TCM針灸組織活動， 不為個人公司或講座使用。所有刊登在日程表上的項目都會通過CMAAC委員會審核通過，確保其專業性和可靠性。

We appreciate all interested organizations and hope that our calendar attracts more attendees to your upcoming events!

我們感謝你的支持和了解， 希望能吸引更多人參與刊登在我們的日程表上。

I, \_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization) understand that The Chinese Medicine and Acupuncture Association of Canada’s calendar is providing us with a channel to promote our event not endorsing our company or giving us permission to use CMAAC as a “sponsoring company”.

我，\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_（機構名稱）同意， 加拿大中醫藥針灸學會CMAAC刊登我們的活動事件， 并不作宣傳用途。

**Topic/Event:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

活動專題：

**Date of Event:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

活動日期：

**Category:** 範疇： Webinar Seminar Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name Date

Sincerely,

*CMAAC*

*Office Use Only*

*Approved Yes No*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approved By Date*

***Please Fax to 519 642 1970 or Email*** [***cmaac@exuculink.ca***](mailto:cmaac@exuculink.ca)