

<<Date>>

<<Name>>
<<Address>>
<<City, ST Zip>>

Dear <<Name>>:

We invite you to participate as a subject matter expert for an upcoming educational activity on <<topic>>. In accepting our invitation, you will assist us in developing content for this activity to present at the symposium to be held <<date>> in <<location>>. Your expertise in <<Specialty>> is essential to the overall success of the program.

This continuing medical education activity is being planned for <<physicians>>. It must be scientifically rigorous, educationally sound, fair balanced, and free of commercial bias.

This continuing education activity is sponsored by <<Provider>> and is intended for <<target audience>>. It is supported by an unrestricted educational grant from <<Grantor>>.

EDUCATIONAL CONTENT

<<Overview>>
<<Learning Objectives>>

EDUCATIONAL FORMAT

This continuing education symposium is designed as a <<insert format, e.g. three-hour, live presentation>> to be conducted on <<Day of the Week>> from <<Times>>. Please be onsite by <<Time>> <<the day before the symposium/the day of the symposium>>.

We plan to have <<#> presentation(s); each topic will be approximately <<XX>> minutes, using <<XX-XX>> slides.

FACULTY PLANNING MEETING

We hope you will become a part of what promises to be a very valuable educational activity. We would like to schedule a conference call during the week of <<Date>> to review the needs assessment, educational objectives, and discuss next steps specific to curriculum development.

DELIVERABLES

At the conclusion of the faculty planning meeting, the following deliverables will be the responsibility of each faculty member:

- <<XX-XX>> minute presentation supported by slides and references
- Learning Objectives for your presentation that support overall activity objectives
- Written abstract
- <<#> multiple choice questions with answers pertaining to your presentation

HONORARIUM

To make your participation possible, <<Provider>> will provide you with:

- <<\$XXXX>> honorarium for content development and presentation
- Round-trip travel to and from the destination city
- Ground transportation to and from the airport in the destination city
- Reimbursement of transportation costs (mileage/taxi fares) to and from the airport in your home city

- Reimbursement of related meal costs
- Hotel lodging for <<Day>> night if necessary

NEXT STEPS

If you are interested in participating as a faculty member:

1. Please review the symposia date and advise us of your availability.
2. Complete and return the attached form to indicate when you are available for the Faculty Planning Meeting.
3. Complete and return the Faculty Information Form with your current contact, title, and affiliation information.

I will contact you by phone to confirm your participation in the conference call and answer any questions you may have. Meeting materials and details will be sent to you by UPS.

<<Provider>> is committed to providing quality education. We appreciate the opportunity to work with you. If you wish to contact me, I can be reached at <<phone number>>.

Sincerely,

Enclosures

CONFIRMATION OF FACULTY PARTICIPATION

<<Activity Title>>

<<Activity Type>>

Name: <<Faculty Name, Designation>>

Due: <<DAY, DATE>>

INSTRUCTIONS:

1. Please check whether you will participate as Faculty.
2. If yes, please indicate your availability for the faculty planning call and complete the bottom half of the form.
3. Return form by fax <<Fax Number>>

- Yes, I would like to participate in this medical education symposium and am available the following evenings (after <<TIME>>) for a Faculty Planning Conference Call.**

<<DATE>>

<<DATE>>

<<DATE>>

<<DATE>>

- No, I am not available to participate.**

Fax to:

<<Attn: >>

<<Fax Number>>

No later than <<DATE>>

FACULTY INFORMATION FORM

<<Title>>
Continuing Medical Education <<Format >>
<<Date(s)>>

Please update all information as necessary. Please Note: This information will appear on the activity announcement and all educational materials.

Faculty Name:

Titles and Affiliations:

Faculty Correspondence Address:
(All correspondence including airline tickets will be sent to this address)

Work Phone Number:

Home Phone Number:

E-mail Address:

Fax Number:

Assistant:

- The information is correct with the changes I have indicated
- The information is correct

Signature: _____

Fax to:
<<Attn: >>
<<Fax Number>>
No later than <<DATE>>