**

June 6, 2018

[name]

[address]

[address]

Dear [name]:

The Kettering Health Network CME Program confirms your CME activity presentation on the topic of [title] for [program] to be held in [location], Kettering Medical Center, 3535 Southern Boulevard, Kettering, Ohio, 45429.This CME activity is scheduled for [date] from [begin time] to [end time]. Please allow 10 minutes for audience questions and discussion following your presentation.

We request that you arrive **by** **[time]** to assure that proper technical support is in place for this live presentation. Please plan to use our computer in the Dean Amphitheater (ground floor at Kettering Medical Center) for your PowerPoint presentation rather than a personal computer since the event is sent by Polycom to our Network Hospitals. If you have additional AV needs, please notify us as soon as possible so AV support can be assured.

Based on program needs, the following objectives have been developed. Please refer to them as a guide when preparing your presentation. If you would like to modify them, please send me your suggested changes:

Objectives:

1.

2.

3.

In addition, please send to us the following at least 2 weeks before the scheduled event:

1. Completed Conflict of Interest Disclosure form;
2. Resume (abbreviated if available);
3. Summary, outline, powerpoint or references from your presentation;
4. Release document of identifiable individuals in your presentation (i.e. interview, if applicable).

We thank you and look forward to your presentation. If you have questions about these arrangements or any related accreditation standards, please contact the CME Program office at (937)395-8359. **Please Fax all signed documents to me at** **[liaison fax #].**

Sincerely,

[liaison name]

[liaison title]

[liaison contact info]