**

February 10, 2016

[name]

[address]

[address]

Dear [name]:

Thank you once again for agreeing to present [title] for [program] to be held in [location], Kettering Medical Center, 3535 Southern Boulevard, Kettering, Ohio, 45429 on [date] from [begin time] to [end time].

As a reminder, 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.

We have not yet received the following and request that you send them to us when possible so that we can maintain compliance with the required CME standards:

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 email julie.dicken@ketteringhealth.org or 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]