Title of Activity: ________________________________________________

Speaker: ______________________________________________________

Title of Session: ________________________________________________

Date of Session: ________________________________________________

_____ Announcement/Flyer

_____ Speaker Invitation Letter

_____ CV/BIO (Outside or Visiting Speakers Only)

_____ Disclosure Statement

_____ Attendance Log

_____ Moderator Evaluation

_____ Participant Evaluations

_____ W9 Form (If Applicable)

Submitted By: _________________________________________________

Date: _________________________________________________________

Please return this form completed along with session packet to Nancy Williams in the Office of CME
3555 Harden Street Ext., Suite 100 • Columbia, South Carolina 29203 • (803) 434-4211 • Fax: (803) 434-4288