**Bold components are mandatory**

Dear Dr. XXXX

RE: Program, workshop, or conference title, date, location

Thank you for agreeing to be a presenter for the following session(s) in the program, workshop or conference entitled XXXXXXX

Date: XXX

Time: XXX

Target audience: XXX

**Presentation Type**:

(Insert relevant descriptive paragraph from those below, and edit as required):

### Keynote presentation

* XX minute session for all registrants in the conference.
* **at least 25% of this time is spent in interactive learning**
* XX of content with power point slides

### Short presentation

* XX minute session for all registrants in the conference.
* **at least 25% of this time is spent in interactive learning**
* XX of content with power point slides

###  Plenary presentation

* XX minute session for all registrants in the conference.
* **at least 25% of this time is spent in interactive learning**
* XX of content with power point slides

### Workshop session

* XX minute session for XX - XX registrants
* **at least 25% of this time is spent in interactive learning**
* teaching techniques used may include facilitated discussion, case studies, group work, hands on teaching sessions with standardized patients and patient partners, simulations
* content may be shared in pre- and post-study handouts

**Presentation Title**: **XXXXX**

**Learning objectives:**

**The title and objectives have been developed by the Planning Committee. Contact the Planning Committee Chair if you wish to revise these.**

**By the end of this session, participants will be equipped to –**

* **XXX (objective 1)**
* **XXX (objective 2)**
* **Etc.**

**ACCREDITATION REQUIREMENTS**

* **Contact the course chair with any proposed title or objectives changes**
* **Use interactive teaching techniques for at least 25% of the session time**
* **Include a disclosure slide (template attached) at slide 2 of your presentation**
* **Summarize and cite relevant research publications / evidence base in slides or handouts**
* **Acknowledge when there is no evidence to support assertions or recommendations**
* **Refer to products by generic names, not trade names, where possible**
* **Include discussion about commonly encountered barriers to practice change**

If this speaker is only one of several taking part in a larger program, add this information:

**GENERAL PROGRAM INFORMATION**

**Program Objectives - By the end of this program, participants will be equipped to:**

* **XX**
* **XX**
* **XX**

**Target Audience: XX**

Target Attendance: XX

IMPORTANT DEADLINES

ASAP **Complete, Sign, and return** by fax or scan to email:
**1. Conflict of Interest Form**
2. Speaker Reply, Waiver, and Copyright Form
3. Equipment requirements

* a laptop and LCD projector will be provided for your session(s)
* detail any additional equipment needed

Date **Send** by email, in Word or PowerPoint format:

1. **Handouts**
2. **Presentation**

Thank you again for agreeing to present at the XX. We look forward to working with you.

Regards,

XX

**Documents to attach:**

**Form - Conflict of Interest**

**Template - Faculty Disclosure Slide**