

<Conference Title>

<Date>

<Location>



NORTHWESTERN  
UNIVERSITY

*Information required*

Sponsored by:

Northwestern University, Feinberg School of Medicine

<Department & Division>

and

Office of Continuing Medical Education

## GENERAL INFORMATION

### *Information required*

#### **Learning Objectives**

At the conclusion of this activity, participants should be able to:

1. <Insert Objective 1>
2. <Insert Objective 2>
3. <Insert Objective 3>

### *Information required*

#### **Target Audience**

This continuing medical education program is designed to meet the educational needs of <Target Audience>.

#### **Conference Location**

The program will be held at the <Location> located at <Address>. For directions and parking information, please visit <Web address>.

### *Information required*

#### **Accreditation Statement**

The Northwestern University's Feinberg School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

#### **Credit Designation Statement**

### *Information required*

The Northwestern University's Feinberg School of Medicine designates this educational activity for a maximum of <CME Credits> AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

#### **Faculty Disclosure**

*Strongly suggest using this statement to demonstrate your conference is vetted for conflict of interest*

Northwestern University's Feinberg School of Medicine requires course directors, speakers, instructors, planners and other individuals who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by NUFSM for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations. The faculty disclosures and the discussion off-label usage will be indicated in the course syllabus

#### **Special Needs**

*Strongly suggest using this statement, to demonstrate your conference is compliant with the ADA requirements.*

The Feinberg School of Medicine fully intends to comply with the legal requirements of the Americans with Disabilities Act. If any participant of this conference is in need of accommodation please indicate those needs on the registration form or submit written requests to the Office of CME at least one month prior to the conference date.

**Additional Information**

Contact the <Meeting Coordinator>, phone: <Phone>, Fax: <Fax>, email: <E-mail> or visit the medical school's website at: [www.cme.northwestern.edu](http://www.cme.northwestern.edu).

AGENDA**Date**

Time            Topic  
                  Speaker

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FACULTY

Name  
Title  
Institution

Name  
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Institution \_\_\_\_\_

**REGISTRATION**

Program Title \_\_\_\_\_  
Dates \_\_\_\_\_

Physicians .....\$ XX

Residents, Fellows, Nurses .....\$ XX

*(Residents and Fellows must enclose letters from their Chiefs of Service)*

**How to register:**

You may register on-line at: <Web address>. Registrations can also be mailed with a check made payable to <Institution> <Address> <City, State, Zip>.

**PLEASE TYPE OR PRINT**

Last Name \_\_\_\_\_  M.D.

First Name \_\_\_\_\_  R.N.  
 \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_  
(Your registration confirmation will be emailed)

Specialty \_\_\_\_\_

*Strongly suggest using this symbol, to demonstrate your conference is compliant with the ADA requirements.*



Please indicate any special needs \_\_\_\_\_

Please indicate any dietary needs: \_\_\_\_\_

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