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| Accredited Learning Activity Marketing Information | | | | | |
| Type | | Brochure or Postcard | | | |
| **Title** | |  | | Date |  |
| **Location** | |  | | **Time** | Start: End: |
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| **Course Overview for Web Page or Postcard:** | | | | | |
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| **Letter from Course Directors (for Brochures Only - Optional):** | | | | | |
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| **Learning Outcome(s) *(required)*:** | | | | | |
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| **Learning Objective(s):** | | | | | |
| 1. |  | | | | |
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|  | *To add more lines:*  Right-click in this cell and select ‘Insert -> Insert Rows Above’ | | | | |
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| **Planning Committee ( for Brochures Only - Optional ):** | | | | | |
| *FORMAT:* Please Use the Following Format:  First Name Last Name, Degree(s) – Academic Title, Affiliation, City, State; Professional Title, Affiliation, City, State | | | | | |
| *EXAMPLE:*  **John Doe, MD –** Assistant Professor, Geisel School of Medicine at Dartmouth, Hanover, NH\*; Dartmouth-Hitchcock Clinic, Keene, NH^  Dartmouth-Hitchcock Medical Center will always be indicated by a ^  Geisel School of Medicine at Dartmouth will always be indicated by a \* | | | | | |
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| *To add more lines:*  Right-click in this cell and select ‘Insert -> Insert Rows Above’ | | | | | |
| **Faculty (Optional):** | | | | | |
| *FORMAT:* Please Use the Following Format:  First Name Last Name, Degree(s) – Academic Title, Affiliation, City, State; Professional Title, Affiliation, City, State | | | | | |
| *EXAMPLE:*  **John Doe, MD –** Assistant Professor, Geisel School of Medicine at Dartmouth, Hanover, NH\*; Dartmouth-Hitchcock Clinic, Keene, NH^  Dartmouth-Hitchcock Medical Center will always be indicated by a ^  Geisel School of Medicine at Dartmouth will always be indicated by a \* | | | | | |
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| **Plan of the Day:** | | | | | |
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| **Registration Fee(s) & Deadlines:** | | | | | |
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| **Additional Registration Information:** | | | |
| Maximum Number of Participants: | | |  |
| Reduced Fees: | | |  |
|  | | | |
| **Target Audience:** | | | |
|  | | | |
|  | | | |
| **Cover Graphic:** | | | |
| Choose from [DHMC Image Database](http://dhmc-images/res/sites/dhmc/) or email high resolution image (file size should be 1 MB or larger). | | | |
|  | | | |
| **Extra Brochures or Postcards:** | | | |
| If Yes: | How Many? |  | |
|  | | | |
| **Online Handouts:** | | | |
| I would like online handouts posted prior to the activity *(must be provided 1 week in advance)* | | | |
| I would like online handouts posted after to the activity *(must be provided the day after the activity)* | | | |
|  | | | |
| **Absolute Requirements for any Promotional Materials:** | | | |
| Learning Outcomes(s) | | | |
| Accreditation Statement(s) | | | |
| Credit Designation Statement(s) | | | |
| D-H Logo | | | |
| How to opt out of being included on Participant List | | | |
| ADA Statement (If special requests email firstname.lastname@hitchcock.org) | | | |