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| Accredited Learning Activity Marketing Information |
| Type  |  Brochure or Postcard  |
| **Title** |  | Date |  |
| **Location** |  | **Time** | Start: End: |
|  |
| **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)*:** |
|  |
| **Learning Objective(s):** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
|  | *To add more lines:*  Right-click in this cell and select ‘Insert -> Insert Rows Above’  |
|  |
| **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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| $ |  |
| $ |  |

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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) |