**[DATE]**

**[NAME]**, **[DEGREE]**

**[TITLE]**

**[INSTITUTION]**

**[CITY], [STATE]**

Dear **[NAME]**,

Greetings, this letter is to confirm your participation at the **[ACTIVITY TITLE]** at **[ACTIVITY LOCATION]** in **[ACTIVITY CITY, STATE]** on **[ACTIVITY DATE]**. On behalf of the Activity Director and Planning Committee, I will work with you to finalize arrangements for your participation provide you with details and additional information about your visit, and request required information to make your presentation(s) successful. The link to the conference website is **[ACTIVITY WEBSITE LINK]**. On the website you will find the plan of the day (including your presentation times), overall learning objectives, conference overview, and downloadable conference flyer/brochure.

We are delighted that you have agreed to speak and look forward to your presentation. To simplify the many details you and we must manage, this letter contains sections below, organized by **Activity Details**, **Academic Accreditation**, and **Presentation Details** with required items, audiovisual needs, due dates, and contact information. We hope you find this information helpful.

**Activity Details**

**[PARAGRAPH ON ACTIVITY DETAILS SUCH AS FACULTY DINNER/RECEPTION, MILEAGE IF OFFERING, ETC.; IF NOTHING TO LIST, DELETE SECION AND HEADER ‘Activity Details’. USE VERBAGE FROM EXTERNAL SPEAKER LETTER Activity Details SECTION IF NEEDED]**

**Academic Accreditation**

We kindly ask that you provide the items listed below to me by **[DATE]**, via e-mail **[EMAIL]**, fax **[FAX]**, or US Mail **[ADDRESS]**.

1. Learning objective(s) for your presentation. Typically one or two learning objectives per hour of presentation time is sufficient. **[IF APPLICABLE – This does not apply to CME programs.]**
2. Conflict of Interest (COI)/Resolution Policy Form (enclosed)
3. Biographical Data Form (enclosed) for introductions and nursing accreditation. **[IF APPLICABLE]**

The Conflict of Interest (COI)/Resolution Policy Form is required to **disclose** to the audience any real or apparent conflicts of interest or lack thereof related to the content of the presentation. Any disclosures by activity directors, planning committee members, speakers, authors or anyone in a position to control content offered during an educational activity must be **resolved** ***prior*** to an educational activity being delivered to learners.

If you indicate any relationship(s) with industry on your COI Form, we ask that you send your draft slides as well as planned handouts (if any) by **[DATE].** They will be forwarded to the Activity Director, D-H Nurse Planner, CME Associate Dean, CME Director, CNE Director, or appointed Geisel Faculty for resolution. If you disclose a conflict of interest and fail to submit your presentation materials, you will not be able to present.

**Presentation Details**

We kindly ask that you provide the items listed below by **[DATE]**, via e-mail **[EMAIL]**, fax **[FAX]**, or US Mail **[ADDRESS]**.

1. Slides/Handouts   
   * Slides - Please do not use dark backgrounds as they present a problem when printing.
   * Handouts - Please send copyright permission from the publisher for any published materials you wish to have provided as handouts to the participants.

* Please bring your presentation on a USB flash drive for back-up purposes.

1. Audiovisual Equipment: An LCD projector, microphone (if needed), and a laser pointer will be provided.

* Do you need a laptop for your session?  Yes  No
* Do your slides contain any audio clips?  Yes  No

*If so, please be sure to bring the file that contains the audio clips, not just your presentation.*

* Do you want to use an Audience Response System?  Yes  No

*If yes, please contact me to receive instructions in advance.*

1. **[IF YOU PLAN ON RECORDING THE PRESENTATIONS, INSERT: PLEASE COMPLETE AND RETURN THE ATTACHED FORM TO GRANT US PERMISSION TO RECORD YOUR PRESENTATION]**
2. Other Equipment or Special Arrangement Requests (Please specify):

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*Please plan to arrive at the conference site at the beginning of the conference or during a break prior to when you are scheduled to speak so that we can set up and go over any audiovisual needs you may have.*

For personal requests, accessibility needs, dietary or any other requests, please contact me by **[DATE]**.

On behalf of the Activity Director and Planning Committee members, I wish to express our gratitude and excitement at having you as a presenter for our program. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

**[ACTIVITY COORDINATOR NAME]**

**[ACTIVITY COORDINATOR TITLE]**

**[ACTIVITY COORDINATOR DEPARTMENT]**

**Contact Information:**

Email: **[ACTIVITY COORDINATOR NAME]**

Direct Phone Number: **[ACTIVITY COORDINATOR NAME]**

Email: **[ACTIVITY DIRECTOR E-MAIL]**

Direct Phone Number: **[ACTIVITY DIRECTOR PHONE NUMBER]**

cc: **[CONTACT NAME, if applicable]**

***Enclosures:***

1. ***W9 Form***
2. ***D-H Reimbursement Request Form***
3. ***D-H Missing Receipts Form***
4. ***D-H Conflict of Interest (COI) and COI Resolution Form***
5. ***DHMC Recording and Interviewing Authorization Release* [IF NEEDED]**
6. ***Biographical Data Form***