Dartmouth Health Location

DEPARTMENT

SECTION OR SERVICE

**[DATE]**

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

**[TITLE]**

**[INSTITUTION]**

**[CITY], [STATE]**

Dear **[NAME]**,

Greetings from Dartmouth Health! 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 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 time(s), overall learning objectives, conference overview, and a downloadable conference flyer.

We are delighted that you have agreed to speak and look forward to your presentation. To simplify the many details, 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**

* + - 1. **[ACTIVITY SPEAKER COMPENSATION PARAGRAPH SAMPLE]**

The Planning Committee has arranged for an academic honorarium of $**[AMOUNT]**. Please complete the enclosed *W-9 Form* and return it to me. You will receive a check by mail after the event unless other arrangements have been made.

1. **[ACTIVITY TRAVEL ARRANGEMENT/REIMBURSEMENT SAMPLE]**

Your travel expenses will be covered by Dartmouth Health. Please note, we can only reimburse for coach class fares. At the conclusion of your trip, please itemize your travel expenses (plane, car, bus, etc.) and daily costs on the enclosed *Dartmouth Health Reimbursement Request Form* and attach the original or scanned receipts. If you are driving your own vehicle, keep track of your mileage, Dartmouth Health reimburses on a per mile basis. Please itemize expenses for which you will not generally receive a receipt (tolls, tips, etc.) on the *Dartmouth Health Missing Receipts Form.* All forms should be return to me as soon as possible after the conference. You will receive a check by mail after the event. Please note, this may take up to one month to process from the time you submit for reimbursement.

1. **[LODGING INFORMATION SAMPLE]**

Lodging arrangements have been made for you at **[HOTEL NAME]**. Check-in is on **[CHECK-IN DATE]** after **[CHECK-IN TIME]**; check-out is on **[CHECK-OUT DATE]** by **[CHECK-OUT TIME]**. For additional information and directions to the hotel, visit their website at **[HOTEL WEBSITE]**.

1. **[OTHER ACTIVITY DETAILS – This may include faculty dinner, etc.]**

**Academic Accreditation**

You will receive an email from the Center for Learning and Professional Development’s learning management system (clpd.support@hitchcock.org) requesting you complete an electronic Financial Disclosure Form (FDF). The FDF is required to **disclose** to the audience any real or apparent financial relationships or lack thereof related to the content of the presentation. Any disclosures by planning committee members, speakers, authors or anyone in a position to control content offered during an educational activity must be **mitigated** ***prior*** to an educational activity being delivered to learners.

If you indicate any relationship(s) with ineligible companies (*any entity whose primary business purpose is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients)* on your FDF, you will be asked to upload your draft or final slides**.** The Lead Planner, Medical Director of IPCE/Associate Dean for CME, Vice President for CLPD, CNE Director or appointed Geisel Faculty depending on the activity type and format for mitigation. Failure to disclose by not completing the FDF at least fifteen business days in advance of the activity or by withholding complete information shall constitute a refusal to disclose and therefore require disqualification from the activity/session because the accreditation criteria has not been met for credit/contact hours to be awarded.

**Presentation Details**

We kindly ask that you provide the items listed below by **[DATE]** via e-mail.

1. Activity Materials

	* Slides
	* 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 for In-Person Activities: An LCD projector, microphone (if needed), and a laser pointer will be provided. 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.
* 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.*

For virtual activities, I will schedule an AV run through prior to the date of the program.

1. Biographical Data Form for introduction purposes
2. **[RECORDING INFORMATION SAMPLE]**

We are pleased that your presentation will be recorded. Healthcare professionals can earn credits/contact hours by viewing our recorded sessions. Please complete and return the attached Media Consent Form to grant us permission to record your presentation.

1. Other Equipment or Special Arrangement Requests (Please specify):

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For personal requests, accessibility needs, dietary or any other requests, please contact me.

On behalf of the Planning Committee, 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 EMAIL]**

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

***Enclosures:***

1. ***W9 Form (if applicable)***
2. ***D-H Reimbursement Request Form (if applicable)***
3. ***D-H Missing Receipts Form (if applicable)***
4. ***DHMC Recording and Interviewing Authorization Release (if applicable)***
5. ***Biographical Data Form (if applicable)***