

Continuing Medical Education (CME) Activity Speaker Information

CME Activity: [Click here to enter text.](#)

Date(s): [Click here to enter text.](#)

Presentation Title: [Click here to enter text.](#)

Speaker name: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Organization: [Click here to enter text.](#)

Organization Address: [Click here to enter text.](#)

City, State & Zip: [Click here to enter text.](#)

Organization Telephone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

Alternate Contact Name: [Click here to enter text.](#)

Alternate Contact Telephone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

Alternate Contact Email Address: [Click here to enter text.](#)

Audio-visual Equipment Requirements: Please indicate below if audio-visual equipment will be needed for your presentation.

Laptop computer

Lavalier microphone

Overhead projector

Laser pointer

No equipment needed

Other: [Click here to enter text.](#)

Handouts: Please make sure that all materials are of excellent quality for reproduction purposes.

No handout

Handout enclosed

Handout will be sent later

The best way to reinforce your key points and encourage ongoing learning is to send your audience home with a handout. That doesn't mean reproducing your entire presentation. An effective handout summarizes the main points of your session, lists applicable resources, and suggests ways that participants can follow up on what they've learned. Please include an outline of what you plan to include in your handout.

[Click here to enter text.](#)

Topic specific learner gap analysis/needs assessment: Please indicate the relevance of this topic to the target audience (Quality Department data, Health Department data, journal articles etc.).

[Click here to enter text.](#)