

(Date)

(Speaker Name)

(Address)

Dear _____,

On behalf of the **(Department/Section)** of the University of Nebraska Medical Center, thank you for accepting our invitation to participate as a speaker at the **(title of activity)** to be held **(date)** at the **(location)**.

We are anticipating approximately **(number)** participants who are in the fields of **(target audience)**. The activity will be **(describe education format)**. Your presentation is scheduled from **(time)**.

Your honorarium will be **(\$amount)**.

The planning committee, which planned and designed this activity, formulated the following overall objectives:

- 1.
- 2.
- 3.

Please provide a copy of your PowerPoint presentation or a brief outline with references to support your lecture as a handout and email this to me by **(date)**. Please note that educational materials that are part of this activity, such as slides, abstracts and handouts, cannot contain any advertising, trade names or product group messages.

It is the policy of the University of Nebraska Medical Center, Center for Continuing Education to ensure balance, independence, objectivity, and scientific rigor in all its educational programs.

Hence, anyone who is in a position to control or influence the content of an educational activity is required to disclose all relevant financial relationships with any commercial interest. Consequently, we ask you to please complete the enclosed Conflict of Interest Disclosure Form and return it to me by **(date)**. You will be required to verbally disclose all financial conflicts of interest to the audience prior to the beginning of your presentation.

Moreover, conflict of interest disclosure is required if you plan to discuss off-label and/or investigational use of pharmaceuticals or instruments not yet approved by the FDA.

Following are the details of your visit to Omaha:

Travel Arrangements.

If you prefer to make your own travel arrangements, please provide us with a copy of your travel itinerary when available. However, if you would like us to make the arrangements for you, please fill out the attached Travel Form indicating your air and lodging preferences and return by **(date)**.

Reimbursement Policy.

UNMC will reimburse conference related travel expenses including round-trip coach airfare, up to **(number)** nights lodging at the (hotel) which will be paid through the university's master account (room and taxes only), airport parking, miscellaneous meal expenses, and mileage at the IRS approved rate of **(amount)** cents per mile. Itemized receipts are required for all expenses. Please refer to the enclosed UNMC Travel Guidelines for detailed information.

Also enclosed are a Visiting Personnel Expense Voucher and a Speaker/Faculty Information Form. The latter provides us with information that will appear on all promotional materials as well as ensuring that appropriate audiovisual equipment is available.

Please return these materials, including your PowerPoint and/or handout to me by **(date)**.

Again, thank you for agreeing to work with us in this CME activity. If you have any questions or if I can be of any assistance, please feel free to contact me by telephone **(contact number)** or by email **(email address)**.

We look forward to your participation in this conference.

Sincerely,

(Name)

Course Director

Enclosures