Activity Title:

Activity Date(s):

Requesting Company/ Department:

Income Amount:

1000 Registration Fees (page 2) $ 0.00

1002 Optional Social Fees $ 0.00

2000 Exhibitor Income (total, page 3) $ 0.00

3000 Grants/ Commercial Support (total, page 4) $ 0.00

 3001 In-Kind Support (total, page 5) $ 0.00

 3002 Other Source Income (page 2) $ 0.00

Expenses

4000 Speaker Honoraria (total honoraria, page 6) $ 0.00

5000 Catering (all food expenses) $

6000 Printing, Supplies, and Equipment (AV rental, badges, posters, etc.) $

 6001 Postage $

7000 Miscellaneous (All other expenses, copies of receipts must be attached) $

 7001 CPD Services Rendered for CME approval $

  **TOTAL ACTIVITY COST $**

*Copies of invoices and checks* ***must*** *be attached*

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Number of Learners

The **TOTAL NUMBER of ATTENDEES** must be reported, not just physician learners. Please designate the number of ‘Physician’ learners and ‘Other’ learners:

 Physician Learners

 Other Learners

 **TOTAL LEARNERS** 0

# Registration Income

If registration fees were collected, enter the total amount received below. If fees were collected in a system outside of the Cloud portal, registration data must be attached behind this page.

 **Registration Income $**

# Income from Other Sources (Foundation)

All income must be reported. If the activity received funds from other sources than those listed, provide the information below.

1. Enter Other Source $
2. Enter Other Source $
3. Enter Other Source $
4. Enter Other Source $

 **Other Sources Income $** 0.00

# Exhibitor Income (2000)

*To offer or expose to view; to exhibit the latest model of an object.*

List *all* Exhibitors that displayed materials for this activity and the amount paid. A copy of the signed agreement and check received must be attached behind this page.

Exhibitor Organization(s): Amount Paid:

1. Enter Exhibitor Name Here $
2. Enter Exhibitor Name Here $
3. Enter Exhibitor Name Here $
4. Enter Exhibitor Name Here $
5. Enter Exhibitor Name Here $
6. Enter Exhibitor Name Here $
7. Enter Exhibitor Name Here $
8. Enter Exhibitor Name Here $
9. Enter Exhibitor Name Here $
10. Enter Exhibitor Name Here $
11. Enter Exhibitor Name Here $
12. Enter Exhibitor Name Here $
13. Enter Exhibitor Name Here $
14. Enter Exhibitor Name Here $
15. Enter Exhibitor Name Here $

 **Total Exhibitor Income $** 0.00

If necessary, continue the list of supporting organizations on an additional page

# Grant Income(Commercial Support) (3000)

If a grant was provided you must designate *Restricted* or *Unrestricted*, this will be on the contract.

List *all* organizations that provided grants for this activity. Designate whether they were *Restricted or Unrestriced* and the amount given. A copy of the signed contract and check received must be attached behind this page. Agreements ***must*** have both signatures – one from the grantor and one from AdventHealth Orlando.

Organization(s) that provided Grants: Amount of Grant:

1. Enter Grantor Name Here Choose an item. $
2. Enter Grantor Name Here Choose an item. $
3. Enter Grantor Name Here Choose an item. $
4. Enter Grantor Name Here Choose an item. $
5. Enter Grantor Name Here Choose an item. $
6. Enter Grantor Name Here Choose an item. $
7. Enter Grantor Name Here Choose an item. $
8. Enter Grantor Name Here Choose an item. $
9. Enter Grantor Name Here Choose an item. $
10. Enter Grantor Name Here Choose an item. $
11. Enter Grantor Name Here Choose an item. $
12. Enter Grantor Name Here Choose an item. $
13. Enter Grantor Name Here Choose an item. $
14. Enter Grantor Name Here Choose an item. $
15. Enter Grantor Name Here Choose an item. $

 **Total Grant Income $** 0.00

If necessary, continue the list of supporting organizations on an additional page

# In-Kind Support (3001)

*A company (commercial interest) that loans equipment, space, disposable supplies (needles, masks, gloves, etc.) animal parts/tissue, cadavers, etc.*

List *all* organizations that provided items for this activity. Designate whether the items were ***durable equipment, disposable supplies, animal or human tissue***. Items provided **must be listed on the contract including their value.** A copy of the signed contract and check received must be attached behind this page.

Supporting Organization(s): Amount of Support:

1. Enter Supporter Name Here Choose an item. $
2. Enter Supporter Name Here Choose an item. $
3. Enter Supporter Name Here Choose an item. $
4. Enter Supporter Name Here Choose an item. $
5. Enter Supporter Name Here Choose an item. $
6. Enter Supporter Name Here Choose an item. $
7. Enter Supporter Name Here Choose an item. $
8. Enter Supporter Name Here Choose an item. $
9. Enter Supporter Name Here Choose an item. $
10. Enter Supporter Name Here Choose an item. $
11. Enter Supporter Name Here Choose an item. $
12. Enter Supporter Name Here Choose an item. $
13. Enter Supporter Name Here Choose an item. $
14. Enter Supporter Name Here Choose an item. $
15. Enter Supporter Name Here Choose an item. $

 **Total Support Income $** 0.00

If necessary, continue the list of supporting organizations on an additional page

# Speaker Expenses

Paying speakers an honorarium

1. Enter Speaker Name Honoraria $
2. Enter Speaker Name Honoraria $
3. Enter Speaker Name Honoraria $
4. Enter Speaker Name Honoraria $
5. Enter Speaker Name Honoraria $
6. Enter Speaker Name Honoraria $
7. Enter Speaker Name Honoraria $
8. Enter Speaker Name Honoraria $
9. Enter Speaker Name Honoraria $
10. Enter Speaker Name Honoraria $
11. Enter Speaker Name Honoraria $
12. Enter Speaker Name Honoraria $
13. Enter Speaker Name Honoraria $
14. Enter Speaker Name Honoraria $
15. Enter Speaker Name Honoraria $
16. Enter Speaker Name Honoraria $
17. Enter Speaker Name Honoraria $
18. Enter Speaker Name Honoraria $
19. Enter Speaker Name Honoraria $
20. Enter Speaker Name Honoraria $

 Honoraria Total $ 0.00

If necessary, continue the list of Speaker Expenses on an additional page.