Activity Title:

Activity Date(s):

Requesting Company/ Department:

# 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

# Exhibitor Income (2000)

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. $
2. $
3. $

 **Total Exhibitor Income $** 0.00

# All Other Expenses

4000 Speaker Honoraria (total honoraria, page 5) $

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) $

  **TOTAL ACTIVITY COST $ 0.00**

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Title: Click or tap here to enter text.