Course Title:  
Meeting Planner:  
Course Director:  
Sponsoring Department:  
Planned with another company/agency outside of UC Davis?  __ Yes __ No  
Who:  
Requested Dates:  1st Choice   2nd Choice  
Requested Location:  1st Choice   2nd Choice  
1. List target audience including profession, speciality, and geographic areas of target audience:  
2. Are you expecting commercial support and/or pharmaceutical grant support?  
3. Describe why there is a need to educate the stated target audience on this topic.  
4. Provide data to support the need to educate the target audience on the topic(s).  
(See attached evaluations from previous year)  
5. State the desired result the target audience will gain.  
6. If you have held this conference in the past, please state the changes you have made and topic suggestions you have used from the past evaluations and include any other documentation as to why there is a need to educate this target audience on this topic.  

ACCME Essential #2  
2.1 The provider must:  
Use a planning process that links identified educational needs with a desired result in its provision of all CME activities.  

ACCME Essential #2  
2.3 The provider must:  
Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.  

ACCME Essential #2  
2.2 The provider must:  
Use needs assessment
Expected attendance:

Will you use the Audience Response System?  __Yes  __No

List 5-10 course highlights that would promote the course to your target audience.

Grant fee: _______  Registration fees: MD ________  Other ________  UCD Discount________

Additional accreditations required:
AAFP  CRNA  MED TECH  MFCC/LCSW
PHARMACISTS  DIETITIANS
Other:

List any courses and dates that would be in direct competition:

List any special workshops and/or meeting spaces required:

List any special activities (dinners, guest programs, etc) that would be planned during the conference.

PLEASE ATTACH THE FOLLOWING INFORMATION

Course description
Program agenda draft with educational objectives for each lecture
List of speakers including name, address, phone, fax and email
Special mailing lists that you would like to use
Budget for the faculty reimbursements and honoraria
Financial agreement between CME and sponsoring department
Financial goal of sponsoring department