

**Physicians' Institute for Excellence in Medicine, Inc.**

**Application for CME Joint Sponsorship – 2008**

Please submit typed responses to the following questions.  
Institution/Organization requesting joint sponsorship\*

**Address**

**City, State, Zip**

*\*If this is your first request for joint sponsorship, please attach information about your organization. Please note that any programs that are proprietary in nature or promote a specific product or service will not be considered for CME credit.*

**Contact Name**

**Title  
Phone  
Fax  
E-mail**

**Name of MAG Member/MAG Sponsor**

**Address  
Phone  
E-mail (optional)**

**Name, titles, and professional designations of program planning Committee members**

**Briefly describe the educational problem/need you are addressing**

**What method used for identifying need of target audience. Provide source or documentation of needs assessment.**

**List objectives/desired outcomes for this activity. Upon completion of this activity, participants should be able to...**

**Title of activity**

**Description/Plan for activity**

**Date and time of activity**

**How many Category 1 credits are planned for the activity**

**Location (name of facility/complete address/room location, etc.)**

**Anticipated number of participants: physicians \_\_\_\_ other \_\_\_\_**

**What method do you use to select speakers?**

**Planned Speaker(s)/titles/affiliations**

**Draft agenda (times and topics)**

**Will you be asking for or receiving funds from outside your organization for this activity to help cover the expenses of food, speakers, etc. \_\_\_\_yes \_\_\_\_no**

**If yes, what is the anticipated commercial support revenue and whom do you plan on requesting funds from?**

**List the anticipated registration fee for this activity**

**There is a \$100 non-refundable application fee for submitting the Joint Sponsorship Application.**

**The application fee of \$100 must be by check made out to Physicians' Institute. Attn: Adele Cohen (1849 The Exchange, Atlanta, GA 30339). Please include a note that the check is to cover the CME Joint Sponsorship Application fee.**

**Thanks you.**

*Notes:*

*Fee increase in 2008*

*Please note that in a joint sponsorship relationship, you cannot have an outside source pay a speaker or facility directly for expenses*