PUBLICITY MATERIAL GUIDELINES and CHECKLIST: BROCHURES / MARKETING COLLATERAL

CONFERENCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brochures, flyers, web pages, e-mail messages, and other forms of promotional materials, must include the following items:

**BROCHURE COVER AND ALL MARKETING MATERIALS must include the following items :**

Program Name

Date and Location

**Clear identification of the sponsor and UM logo (above logo should be used) on the cover of brochure:***Sponsored by the University of Miami Leonard M. Miller School of Medicine*

Use of a logo from another department in the same size or smaller than the UM logo if applicable.

**Presented by:** Department name –

**“Save the Date”** flyer should only include general information, including name of conference, location and date.

**MARKETING COLLATERAL: WHEN TO INCLUDE ACCREDITATION STATEMENTS:**

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations.

**MARKETING COLLATERAL REQUIRING CME ACCREDITATION STATEMENTS: *See Accreditation Statements below***

* Brochures
* Syllabus (handouts or online distributed to all attendees)
* Flyers
* Web pages
* E-mail messages

**MARKETING COLLATERAL NOT REQUIRING CME ACCREDITATION statements unless accreditation is mentioned *(direct attendees to event website for more information/registration):***

* Save the Date Flyers or announcements containing only general, preliminary activity information such as the date, location, and title.
* Social Media:Twitter, Facebook, Instagram
* Posters
* **If more specific information is included,** such as faculty and objectives, **the accreditation statement must be included.**

**BROCHURE CONTENT and OVERVIEW**

**TARGET AUDIENCE**: Target physician group and others invited to attend (nurses, PAs, etc.)

**COURSE OBJECTIVES:** Must include the following statement before bulleted list of objectives

Upon completion of the course, participants will be able to:

* Objective 1
* Objective 2
* Objective 3

**ACCREDITATION, CREDIT DESIGNATION DISCLOSURE/CONFLICT OF INTEREST MITIGATION STATEMENTS**

**\*\*The statements below must be included only when the educational activity has been approved for** **credit by the Division of CME** *(statements* ***may not be edited/altered as per the ACCME****. Bolding is optional, but italicized items must be italicized as displayed below)*

**ACCREDITATION**

University of Miami Leonard M. Miller School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**CREDIT DESIGNATION**

**Physician Credit:** The University of Miami Leonard M. Miller School of Medicine designates this *(insert “live” or “enduring material”*) activity for a maximum of (# of approved hours) ***AMA PRA Category 1 Credits™****.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# \*\* NOTE: The words “AMA PRA Category 1 Credits™“ MUST be bold and italicized in this paragraph and the number of credits in Numerical format (and not spelled out in words) as follows:

# “3.0 AMA PRA Category 1 Credits™” vs. “Three AMA PRA Category 1 Credits™”

***If psychology credit was requested/approved:***

**Psychology Credit:** The University of Miami Leonard M. Miller School of Medicine is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists.  The University of Miami Leonard M. Miller School of Medicine maintains responsibility for this program and its content.  (Enter approved # of approved credit) CE credits will be awarded to psychologists for attendance at this conference.

**DISCLOSURE AND CONFLICT OF INTEREST MITIGATION**

All conflicts of interest of any individual(s) in a position to control the content of this CME activity will be identified and mitigated prior to this educational activity being provided. Disclosure about provider and faculty relationships, or the lack thereof, will be provided to learners.

**FACULTY LISTING: Must** include Name, Degree(s), Title(s) and Affiliation

**PROGRAM AGENDA**: Must include schedule/times for each presentation or event

**HOTEL/VENUE INFORMATION**: Must include street address, telephone numbers, website and rates

**COURSE REGISTRATION/REGISTRATION FEES**: Must include

First name, last name, degree

Affiliation

Specialty

Mailing Address, City, State and Zip Code

Daytime Phone

Fax

Email **(mandatory)**

Registration fee by attendee type

What fee provides (i.e., course syllabus, breakfast, lunch, etc.)

mm/dd month day of birth for CME recording purposes

Method of payment, i.e., Check or Credit card (include card #, exp. date, CVV, name on card)

# Registration Cancellation Policy

*Refunds will be made only if written notice of cancellation is received prior to* ***Month Day, Year.*** *A* ***$100*** *fee is charged for all refunds. After this date, no refunds will be made. In cases where a course is cancelled due to insufficient registrations, a full tuition refund will be made.*

**FOR MORE INFORMATION/CONTACT INFORMATION**

**SERVICES FOR THE DISABLED (ADA STATEMENT)**

**Services for The Disabled** – If special arrangements are required for an individual with a disability to attend this conference, contact (name and phone number of presenting department) at least 15 days prior to the conference.

**All** written program materials and promotional documents are to be reviewed and approved by the Division of CME **PRIOR** to printing or distribution.