**Title of Activity**

**Day One (list actual date)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time:** | **Topic:**  | **Presenter (CV and Full Disclosure Provided for each one):** | **Learning Objective/s:** ***The Learner will or will be able to…*** **(use adjectives and be specific,****2-3 per hour)** | **Min.** |
| Start-Stop | Welcome, Introductions, BreaksAre not eligible for CE/CME so please delineate clearly |  Presenter name and credentials |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Break |  |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Break |  |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Lunch (if not a working segment) |  |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Break |  |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Break |  |  | N/A |
| Start-Stop | Presentation Title | Presenter name and credentials | -List of Learning Objectives of this presentation |  |
| Start-Stop | Closing/Wrap-up  | Presenter name and credentials | -Discuss closing thoughts (may/may not be eligible for CE/CME | TBD |

 **Total hours (minutes will to rounded to the nearest quarter hour) x hours**