# MEETING, EVENT OR TRAINING

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| **TEMPLATE GUIDANCE** |
| **Type of communication** | **Inviting a Health Care Professional (HCP) to attend a Meeting, Event or Training** |
| **Templates** | There are three types of templates needed when inviting an HCP to a Meeting, Event or Training:1. Approval – to seek approval within your company
2. HCP Invitation – to extend an invitation to an HCP to attend
3. Employer Notification – to notify the HCP’s employer (requirement depending on local laws, regulations or industry codes)
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| **Recipients** | **HCP & HCP Employer** |
| **Process** | 1. Customise the highlighted sections. Do not make any other changes to the template.Be sure to delete these directions and fill in the brackets [] and highlighting before sending.
2. Adjust to reflect local laws and industry codes, as required.
3. Delete any sections that do not specifically apply to the Meeting, Event or Training.
4. Document internal approval to invite an HCP to a Meeting, Event or Training using the Approval form.
5. Send the HCP Invitation to the HCP you would like to invite to attend a Meeting, Event or Training.
6. Send the Employer Notification to the HCP’s employer and copy the HCP invited to the Meeting, Event or Training (requirement depending on local laws, regulations or industry codes).
7. Retain a copy of the completed forms for your records.
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**APPROVAL**

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| **INFORMATION** |
| **Title** |  | **Dates** |  |
| **Location & Venue** |  | **Venue costs***(if applicable)* |  |
| **Description** |  |
| **ATTENDEE INFORMATION** |
| HCP attendees | List name and employer of HCP attendees:[HCP Name & HCP Employer Name] |
| **TRAVEL EXPENSES** |
| Total HCP estimatedtravel costs | 1. Airfare:
2. Train fare:
3. Ground:
 | Total HCP actualtravel costs | 1. Airfare:
2. Train fare:
3. Ground:
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| HCP travel class *(if not economy/ coach class)* | For HCPs who are not traveling economy/coach, indicate HCP name and reason for travel class selected:[Name, reason] |
| **ACCOMMODATIONS (IF APPLICABLE)** |
| Hotel name |  | Hotel location |  |
| Total estimated hotel costs |  | Total **actual** hotel costs |  |
| Reason for hotel selection |  |
| **MEALS** |
| Total estimatedmeal costs | 1. Number of meals per event:
2. Price per meal:
 | Total **actual**meal costs | 1. Number of meals per event:
2. Price per meal:
 |
| **OTHER COSTS** |
| Total estimated costs |  | Total actual costs |  |
| **APPROVAL PROCESS** |
| Please send this form completed to [enter applicable role]. |
| **ADDITIONAL DOCUMENTATION** |
| Include program details or agenda, etc. |
| **COMPLETER CERTIFICATION** |
| I confirm that the information provided is true and complete to the best of my knowledge after reasonable investigation.Signature: Date: |
| **REVIEWER CERTIFICATION (CEO/CFO/CCO/ETC.)** |
| I approve the support being provided to the HCPs listed:Signature: Date: |

# HEALTHCARE PROFESSIONAL INVITATION

## [Date]

[Name, address of health care professional (HCP) selected to attend]

Dear [HCP name],

## [Company name] is pleased to invite you to attend [name of meeting/event/training].

This [meeting/event/training] is relevant to your area of medical expertise and will provide [describe purpose and all other details relevant to the meeting/event/training]. Please see the attached agenda for further details.

This invitation is not being extended in exchange for the use, recommendation, prescription, or influence on the use of [Company name] products, or with regard to the value or volume of business generated between the parties. Per [Company name] Code of Conduct, we do not offer anything of value.

We hope that you find this [meeting/event/training] to be informative and useful. If you require any further details concerning our invitation, please contact [contact name and details].

Best regards,

## [Name][Title]

[Company Name]

cc: [HCP employer]

# EMPLOYER NOTIFICATION

## [Date]

[Name, address of HCP employer]

## Dear [HCP employer name],

[Company name] has invited [HCP name] to attend [name of meeting/event/training].

This [meeting/event/training] will provide [describe purpose of meeting/event/training]. Please see the attached agenda for further details.

This invitation is not being extended in exchange for the use, recommendation, prescription, or influence on the use of [Company name] products, or with regard to the value or volume of business generated between the parties. Per [Company name] Code of Conduct, we do not offer anything of value.

We will provide the following: [customise as appropriate]

1. Reasonable meals and refreshments during the [meeting/event/training]
2. Transportation to and from the [meeting/event/training]
3. Reasonable accommodation from [insert dates]

**If you approve of this activity**, no action is required. If we do not receive a reply from you, we will assume that you approve of our offer to invite [HCP name] to [name of meeting/event/training].

**If you do not approve of this activity**, please contact [contact details] stating your disapproval. Please provide your response by [insert date].

Best regards,

## [Name][Title]

[Company Name]

## cc: [insert name of healthcare professional selected to attend meeting or event]