SUNY DOWNSTATE Medical Center | Office of Continuing Medical Education

SPEAKER PAYMENT INFORMATION

PLEASE FILL OUT THE INFORMATION BELOW FOR ALL PAYMENTS TO BE REIMBURSED BY THE OFFICE OF CME.

Name of Organization	
Title of Activity	
Date of Activity	
Activity Director	
Contact person	**Telephone**
Pharmaceutical Company	
Pharmaceutical Rep's name	
Rep's telephone	**beeper/cell number**
Rep's e-mail	
Grant Amount	
Purpose of payment	
Speaker's Name	
Speakers' Institution	
Address (check will be sent to that address)	
Address	
City, State, Zip	
Telephone	**Fax**
Social Security	
Contact person	
NOTES:	