

CE Verification of Attendance

PLEASE NOTE: This is not a CE credit claim form, please access your MY TRANSCRIPT account on the DIA website to claim CE credit.

Instructions for Completion of Form:

- Please write your name below (**please print clearly**)
- For each session attended, place a check mark in the appropriate box
- Sign and date the form below and return this to NAEvents@diaglobal.org by May 14, 2020 and be sure to claim your CE credit by accessing your DIA account and go to My Transcript on May 21, 2020
- All sessions listed below are eligible for ACPE and IACET credit unless otherwise noted.

Print Name: _____

Email Address: _____

Time	Title	Attended
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Wednesday, May 6

10:00-11:00AM	Opening Keynote Panel: The Future of Medical Affairs	
11:15-12:15PM	Medical Communications 2020 and Beyond	
12:30-1:30PM	Empowering Medical Writers	
1:45-3:00PM	Future-Proofing Your Medical Affairs Organization	
3:15-4:15PM	Hot Topics	
4:30-5:45PM	It's All Part of the Plan: Preparation and Planning for a Series of Submissions	

Thursday, May 7

10:00-11:15AM	The Patient Journey –Ensuring an Optimal Customer Experience Through MI Contact Center	
11:30AM-12:45PM	Amplifying Field Success Through Internal Partnerships	
1:00-2:00PM	Breakthrough Designation and Expedited Approvals	
2:15-3:15PM	Building Effective Field Medical Team Partnerships: Best Practices and Case Studies for Aligning HEOR Liaisons and MSLs in Support of External Stakeholder Needs	
3:30-4:30PM	Closing Keynote Address: Headlines vs. Trendlines: How to Innovate in a World of Uncertainty	

"By signing below, I hereby attest that the sessions listed above accurately reflects my participation in this educational activity. I understand continuing education credit is only available for the total number of CEUs advertised and that I cannot receive partial credit for IACET and ACPE credit. Furthermore, I understand that complete attendance is necessary in order to be eligible to receive IACET credit. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, or concealment of information may subject me to the rescindment of CE credit."

Signature _____

Date _____