**Below, you'll find a "justification letter" template — a letter to your supervisor explaining all the benefits you'll get from attending DIA’s *Master Protocol Workshop,* how they will make you a better employee and help advance your organization.**

**This general template will get you started while allowing you to customize it to you and your organization's particular needs.**

**<Date>**

Dear <**Supervisor’s name>,**

I would like to attend DIA’s *Master Protocol Workshop*, October 29-30, in Bethesda, MD.

This workshop brings together a global community of professionals at all levels to explore funding and start-up considerations, regulatory engagement, and key operational concerns through the lens of four different APT implementation models. DIA’s *Master Protocol Workshop* provides the greatest opportunity to meet with people from around the world, share views and knowledge, network, and build new relationships.

Numerous attendees, including industry professionals, clinicians, patient representatives, and regulatory agency representatives from around the globe, will attend and present at this event.

While attending this workshop, I will be able to participate in several global, interdisciplinary, cross-functional educational offerings with real world applications. I will also have the unique ability to network with a variety of top experts.

This workshop also offers Continuing Education Credits and numerous sessions covering various interest areas including:

**<select interest areas applicable to you>**

* Clinical Data Management
* Pharmaceutics
* Patient Engagement
* Clinical Research
* Good Clinical Practice
* Regulatory Affairs
* Professional Development
* Rare/Orphan Disease
* Statistics
* R&D

I am seeking your support in attending this workshop. The registration fees, travel expenses, and per diem are estimated below.

Roundtrip Airfare: **<$XXX>**  
Ground Transportation: **<$XXX>**   
Hotel: **<$XXX>** [*Click here*](https://www.diaglobal.org/en/conference-listing/meetings/2019/10/master-protocol-workshop/hotel-information) ***for*** DIA’s *Master Protocol Workshop* ***room block, room rates, and available concessions.***Meals (continental breakfast and lunch are provided in the registration fee): **<$XXX>**  
Registration Fee: **<$XXX> see below**

**Registration Fees**

|  |  |  |
| --- | --- | --- |
| **Early Bird Rates Through September 5** | **Member** | **Nonmember** |
| Academic/Charitable/Non-Profit (Full Time) | $639 | $889 |
| Government (Full Time) | $639 | $889 |
| Industry | $1424 | $1674 |
| **Advance Rates Through October 3** | | |
| Academic/Charitable/Non-Profit (Full Time) | $714 | $964 |
| Government (Full Time) | $714 | $964 |
| Industry | $1499 | $1749 |
| **Standard Rates Beginning October 4** | | |
| Academic/Charitable/Non-Profit (Full Time) | $789 | $1039 |
| Government (Full Time) | $789 | $1039 |
| Industry | $1574 | $1824 |

Student Rate: $400  
Patient/Patient Advocate Rate: $400

Thank you for taking the time to review this proposal. By attending DIA’s *Master Protocol Workshop*, having the opportunity to develop my skills, gain knowledge, and establish key contacts will be a valuable investment for my profession, colleagues, and **<insert name of your organization here>.**

Sincerely,