**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 8-9, Virtual Event.

This workshop brings together a global community of professionals at all levels, all with a common goal of recognizing multiple design types, such as adaptive platform and umbrella trials, for studying a wide array of indications. Examples include DIAN-TU (Alzheimer’s Disease), REMAP-CAP (Community-Acquired Pneumonia), HEALY ALS (Amyotrophic lateral sclerosis), PrecISE (Asthma), and ACCORD (COVID-19), among others. 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. In addition, I will have access to regulatory agency, other government, and NGO representatives to examine the growing body of knowledge, experience, and resources available to better meet patient needs through successful Master Protocol trials.

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 in the Master Protocol trials field.

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

* Biotechnology
* Clinical Data Management
* Clinical Data Management/eClinical
* Clinical Research
* Good Clinical Practice
* Medical Communications
* Medical Science Liaison
* Medical Writing
* Patient Engagement
* Regulatory Affairs
* Research & Development
* Rare, Orphan Diseases
* Study Endpoints/Clinical Outcomes Assessments
* Strategic Planning
* Statistics

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

Registration Fee: **<$XXX> see below**

**Registration Fees**

|  |  |  |
| --- | --- | --- |
| **Early Bird Rates Through August 16** | **Member** | **Nonmember** |
| Academic/Charitable/Non-Profit (Full Time) | $579 | $799 |
| Government (Full Time) | $579 | $799 |
| Industry | $1279 | $1509 |
| **Advance Rates Through September** |
| Academic/Charitable/Non-Profit (Full Time) | $649 | $869 |
| Government (Full Time) | $649 | $869 |
| Industry | $1349 | $1579 |
| **Standard Rates Beginning September 14** |
| Academic/Charitable/Non-Profit (Full Time) | $709 | $939 |
| Government (Full Time) | $709 | $939 |
| Industry | $1419 | $1639 |

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,