



## Check List for Events Planning Committee

Fall Academic Grand Rounds (September) (Second week of September: University day)				
	Done	Task	Due By	Notes
<b>ACTION ITEMS</b>		1.Meet and elect chair 2.Identify topic & speaker	Sep	
		1.Finalize topic and speaker 2. <b>Contact CCOE</b> for CME and ask for a budget proposal (Patrick Dwyer: 2-8377) 3.Prepare Budget for approval by Guild President	Dec	
		1.Determine University Day date/time <b>Location:</b> Campus hosting University Day 2.Reserve Auditorium (8 am-12 pm) and MEG meeting room (2-4 pm) 3.Coordinate with CCOE	April	
		1.Finalize planning <ul style="list-style-type: none"> <li>• Confirm University Day Date/Time/ Host Campus</li> <li>• Confirm with speaker</li> <li>• Speaker: Complete Disclosure Declaration form; Speaker Travel Guidelines, Travel Form – check with CCOE</li> </ul> 2. Coordinate with CCOE	Jun	
		1.Confirm auditorium and MEG meeting room 1.Coordinate with CCOE 1.Finalize planning <ul style="list-style-type: none"> <li>• Speaker travel plan/hotel</li> <li>• Order continental breakfast</li> <li>• Media/photography/Video taping/Video Streaming (ask permission from speaker; if yes, ask speaker to complete video/photo right waiver form)</li> <li>• Invite Dr. Owen/Dean of host campus to give welcome remarks</li> <li>• Announcement Flyer</li> <li>• Inform <b>Campus Media Dept</b> – A/V equipment</li> </ul>	Jul	
		1. Confirm with speaker 2. <b>Announcement</b> via flyer, mass email, MEG & UMNDJ websites– coordinate with CCOE and Campus/University Marketing 3. Check with campus security/guest parking	Aug	
<b>Grand Rounds</b>		1.Chair & President: Dinner with speaker (night before). Chair or President: Give Welcome Speech	Sep	
		1.Coordinate with CCOE 2.Invoices/receipts/travel expenses from speaker 3.Invoice from CCOE 4.Prepare a final budget expense report for Guild President and VP for Finance ( <b>Oct</b> )	Sep/Oct	





**UMDNJ-Continuing and Outreach Education  
 Faculty Disclosure Policy**

**SAMPLE FORM ONLY: CONTACT CCOE FOR LATEST FORM**

As a sponsor accredited by the ACCME, UMDNJ-Continuing and Outreach Education must ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. All faculty participating in a sponsored activity are expected to disclose to the activity participants:

1. any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation; and/or
2. any discussion of a commercial product that is unlabeled for use or an investigational use of a product not yet approved.

The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the faculty's interests or relationships may influence the presentation with regard to exposition or conclusion. **All disclosure information, including refusal to disclose, will be communicated to the audience by means of a notation in the program and/or syllabus, and/or verbally by the activity director and/or moderator.**

**Disclosure Declaration**

Title of Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

Presenter/Faculty Name \_\_\_\_\_

*Please answer the following two questions and sign at the bottom.*

1. a) Will your presentation include discussion of any commercial products or services?  
 Yes       No (If No, skip to question #2.)
- b) If Yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any products or provider(s) of any of the services you intend to discuss?  
 Yes       No (If No, skip to question #2.)
- c) If Yes, please list below (or attach a separate page if necessary) the Commercial Organization(s).

Grant/Research Support \_\_\_\_\_

Consultant \_\_\_\_\_

Speakers Bureau \_\_\_\_\_

Other Financial Support \_\_\_\_\_

Stock Shareholder  
 (directly purchased) \_\_\_\_\_

Other Affiliation \_\_\_\_\_

2. Will your presentation include discussion of unlabeled uses of a product or an investigational use of a product not yet approved?  
 Yes       No

**If Yes, you must disclose this information to the audience during your presentation.**

**Signature**

**Date**

Please return this form to: Linda Adamec – Fax#: 732-235-7429



## SPEAKER TRAVEL EXPENSE REIMBURSEMENT

**SAMPLE FORM ONLY: CONTACT CCOE FOR LATEST FORM**

### 1. POLICY

It is the policy of the University of Medicine and Dentistry of New Jersey to reimburse reasonable expenses of travel when such travel has been appropriately approved. Consistent with this policy, the following information will be helpful to you both in planning a trip and in recording the reimbursable expense applicable to it.

### 2. REIMBURSEABLE EXPENSES

**Transportation:** You will be reimbursed for air travel (limited to the **lowest fare** available) or rail expenses equivalent to **coach fare**. **Original Airline or Railroad Ticket is Required for Reimbursement.** Taxicabs and limousine service including tips at a maximum rate of 15% of the charge are reimbursable. Personal car mileage at 44.5 cents per mile plus tolls. Rental automobiles may be used when the overall cost of the rental is less than the cost of other reasonable convenient means of transportation, or when there is no other means of transportation.

**Meals:** The daily maximum reimbursement allowed for meals are \$45.00 per day including gratuities and tax.

**Accommodations:** If lodging is required your room charge is billed to the University's master account.

**Telephone:** Telephone call charges on official business are allowed; one personal phone call to immediate family for each out of town travel day is reimbursable.

### 3. DOCUMENTATION

Include only your own expenses.

Obtain receipts for **ALL** expenses. If you are traveling by air or rail you must present the actual ticket as your receipt.



**STUART D. COOK, M.D.**  
**MASTER EDUCATORS' GUILD**  
 University of Medicine & Dentistry of New Jersey

University of Medicine and Dentistry of New Jersey  
 School of Osteopathic Medicine  
 Department of Cell Biology  
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## TRAVEL FORM

ACTIVITY TITLE  
 LOCATION  
 DAY, DATE, TIME

**SAMPLE FORM ONLY: CONTACT CCOE FOR LATEST FORM**

Please complete and Fax (NUMBER) this form to CONTACT NAME by **DATE**.

Driving - Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Train       Plane

Information for Car Service from Newark International Airport/ Metro Park, Iselin Train Station:

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Flight/Rail # \_\_\_\_\_

Airline/Train \_\_\_\_\_ From \_\_\_\_\_

\_\_\_\_\_

Departure      Date      \_\_\_\_\_ Time      \_\_\_\_\_ Flight/Rail      #

\_\_\_\_\_

Airline/Train \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

**HOTEL ACCOMMODATIONS and GROUND TRANSPORTATION are based on your travel information. All hotel reservations are guaranteed/non-smoking/late arrival. The University will pay for one night stay.**

No hotel accommodations required.

NAME:           SPKR NAME          

Special Requests: \_\_\_\_\_

\_\_\_\_\_

**FAX OR EMAIL TO CONTACT NAME: FAX NUMBER or EMAIL ADDRESS**