

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 June 1, 2020 and be sure to claim your CE credit by accessing your DIA account and go to My Transcript on June 3, 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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Sunday, May 17

1:00-1:45PM	Introduction and Fundamentals Overview	
2:00-3:15PM	Track A: Medical Device Promotion	
2:00-3:15PM	Track B: Drug Promotion	
3:30-4:15PM	Case Study Workshop Track A: Medical Device Promotion	
3:30-4:15PM	Track B: Drug Promotion	
4:15-5:00PM	Non-FDA Considerations for Pharmaceutical and Medical Device Promotion	

"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 _____