



College of Medicine
Continuing Medical Education

1329 SW 16 St Room 4240
PO Box 100233
Gainesville, FL 32610-0233
352-265-8081
352-265-8082 Fax

Date

COMPANY
ADDRESS
CITY, STATE, ZIP

Dear:

On behalf of the University of Florida, College of Medicine, Continuing Medical Education, I am writing to request an unrestricted educational grant from COMPANY to help support the "TITLE OF PROGRAM" program.

This course will be held on DATE in LOCATION. We anticipate an audience of approximately 50 Physicians, and other interested healthcare providers from the Southeast United States.

Your unrestricted educational grant in the amount of \$(insert amount) will help support the overall program. The course coordinator in the CME Office can answer any questions you might have regarding support of this program.

All support is paid **directly** to the Office of Continuing Medical Education as an unrestricted educational grant, and should be made in the form of a check payable to the **University of Florida** and submitted to: University of Florida, Office of CME, P.O. Box 100233, Gainesville, Florida 32610-0233. Physical Address: 1329 SW 16th Street, Room 4240. The University of Florida Federal Tax I.D. number is 59-6002052.

All elements of implementation will be conducted in complete accordance with the ACCME Guidelines for Commercial Support of CME Activities, as well as relevant regulations and Guidelines set forth by the Food and Drug Administration (FDA), and the American Medical Association (AMA).

I look forward to your favorable review of this request, and for the opportunity to work with you on this important educational project

Sincerely,

Marvin A. Dewar, MD, JD
Associate Dean for Continuing Medical Education

Enclosures

The Foundation for The Gator Nation

An Equal Opportunity Institution