



The France Foundation
A Continuing Medical Education Company

HIT EDUCATIONAL ACTIVITY REQUEST FORM

Contact Person: _____

Site Name: _____

Site Address: _____

Site Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact E-mail: _____

Please list three available dates:

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Please list three potential speakers (you may leave this blank if you would like us to provide recommendations):

Name and Title: _____ Contact Info: _____

Name and Title: _____ Contact Info: _____

Name and Title: _____ Contact Info: _____

Audience/Specialty: _____

Anticipated number of attendees: _____

Would you like The France Foundation to provide CME credit?: _____

Does your institution have established HIT quality improvement measures? YES NO UNSURE

Please return this form to:
Elizabeth Tucker
The France Foundation
Tel: 860-598-2245
Fax: 860-434-5390

Upon receiving this form, The France Foundation will contact you to discuss program details, CME requirements, and potential speakers.



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CATERING SERVICE

No, we will not need assistance with catering.

Yes, we would appreciate assistance with catering.

Please note: The France Foundation is able to provide support for catering and other administrative needs (up to \$500), please verify and complete the following information:

Institution Name: _____

Address: _____

Program Date: _____

Location: _____

Room Name: _____

(If room address is different from the institution address above, please change the information above)

Onsite Contact Person: _____

Phone: _____ Fax: _____

Time of Grand Rounds: _____

Time for catering to be delivered: _____

Catering Recommendation:

Caterer Name: _____ Contact: _____

Address: _____

Phone: _____ Estimated number of attendees: _____

**Please fax this form to (860) 434-5390
Attention: Elizabeth Tucker**