

Example Program Agenda

Session Title	Start Time	Stop Time	Minutes of CE Requested	Session Topic	Presenter Name	Subject Matter/Category	Method of Delivery
<i>Monday, January 1, 2014 – Lab / Wet Lab</i>							
Dinner	5:30 PM	7:00 PM	--	APPETIZERS AND DINNER	--	--	--
Monday Lab #1	7:00 PM	9:30 PM	150	Wet Lab 1	Presenter	Non-Scientific-Clinical	Lab / Wet Lab
<i>Tuesday, January 2, 2014 – Seminar / Lecture</i>							
Breakfast	7:00 AM	8:00 AM	--	BREAKFAST	--	--	--
Tuesday #1	8:30 AM	9:30 AM	60	Presentation 1	Presenter	Scientific	Seminar / Lecture
Tuesday #2	9:35 AM	10:35 AM	60	Presentation 2	Presenter	Scientific	Seminar / Lecture
Break	10:40 AM	11:00 AM	--	BREAK	--	--	--
Tuesday #3	11:00 AM	11:30 AM	30	Presentation 3	Presenter	Non-Scientific-Clinical	Seminar / Lecture
Tuesday #4	11:35 AM	12:05 PM	30	Presentation 4	Presenter	Non –Scientific-Practice Management/Professional Development	Seminar / Lecture
Tuesday #5	12:10 PM	12:40 PM	30	Presentation 5	Presenter	Promotional	Seminar / Lecture
Tuesday #6	12:45 PM	1:15 PM	30	Presentation 6	Presenter	Non-Scientific-Clinical	Seminar / Lecture
	TOTAL CE MINUTES		390				
	TOTAL CE HOURS		6.5				
	MAXIMUM HOURS FOR ANY ONE PARTICIPANT		6.5				