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Description automatically generated

**(Date)**

**(Name of Event)**

On behalf of the **(Physician organization(s))**, I would like to thank you for your anticipated support of **(Name of Event). (Name of event)** is taking place on **(date).**

**(Name of event)** is a (half day/full day/ multi day) event which will attract approximately **(anticipated number of attendees)** health professionals who deal with **(scope of practice).** This includes: **(list target audience- eg.** **family physicians, psychiatrists, psychologists, nurses, residents, medical students).** This event will be held **(location-include live vs digital; and time of event)**.

**A. For in person events:**

Our scientific planning committee will acknowledge your generous support through the following:

* Acknowledgment of sponsors and exhibitors on slides before and during activity breaks.
* Acknowledgement by the facilitator verbally during the event.
* Acknowledgement of your sponsorship in the event syllabus.

**B. For virtual events**:

While CPD providers must continue to adhere to the requirements of the [National Standard,](https://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) there are opportunities for learners to connect with exhibitors and sponsors during virtual CPD events.We will provide a virtual exhibitor resource page as part of our virtual event offerings. In addition to previous sponsorship and exhibitor support of:

* Acknowledgment of sponsors and exhibitors on slides before and during activity breaks.
* Acknowledgement by the facilitator verbally during the event.
* Acknowledgement of your sponsorship in the event syllabus.

We will work with you to determine appropriate promotional opportunities, whether in person or virtual, within accreditation guidelines.

We are currently seeking corporate support in the amount of **(amount)** for this educational event. Please note that all sponsoring organizations must sign and submit a [Commercial Sponsor/Exhibitor Agreement](https://www.cognitoforms.com/UniversityOfManitoba4/CommercialExhibitorSponsorAgreementAO) ***prior to the event***.

We thank you for your ongoing support for medical education. If you have any questions, please contact our CPD event coordinator connected with this CPD event at **(event coordinator name and contact email).**

Sincerely,

**SPC chair/member**