



Indiana State Medical Association (ISMA)

CME JOINT PROVIDER ACTIVITY BUDGET AND DOCUMENTATION OF COMMERCIAL SUPPORT/GRANTS TEMPLATE

The Joint Provider will, at the conclusion of the activity, fill out and submit an Activity Budget, detailing all revenue and expenses associated with the activity, including all commercial support and grants. This information is kept on file by the ISMA. While a template is included below, you may choose to use your own.

Title of CME Activity _____

Activity Date _____ **Activity Location** _____

Income Category	Budget	Actual	Expense Category	Budget	Actual
Registration Fees			Marketing		
Participants @ \$			Save-the-date cards		
Participants @ \$			Brochure		
Participants @ \$			Advertisements		
Subtotal—Registration Fees			Mailing Labels		
Commercial Support (List Sources)			Postage		
			Other (Specify)		
			Other (Specify)		
			Subtotal—Marketing		
Subtotal—Commercial Support			Meeting Space and Logistics		
Exhibitors (List Sources)			Audiovisuals		
			Audience response system		
			Meeting room rental		
			Hotel Lodging (faculty/staff only)		
			Meals		
			Syllabus and other handouts		
			Supplies		
			Other (Specify)		
			Subtotal—Meeting Space/Logistics		
Subtotal—Exhibitors			Honoraria and Travel Expenses (list faculty)		
In-kind Contributions					
Subtotal—In-kind Contributions			Subtotal—Honoraria/Travel Expenses		
Other (Specify—e.g., government)			Other Expenses		
			Administrative fee		
			Operational expenses		
			Other certification fee		
Subtotal—Other			Subtotal—Other Expense		
TOTAL INCOME			TOTAL EXPENSES		
NET GAIN OR (LOSS)					

