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| Activity Information | | |
| Activity Date: | |  |
| Activity Name: | |  |
| CME Host: | |  |
| Co-Host: | |  |
|  | | |
| Participants muted upon entry: **Yes  No**  Participants video off upon entry: **Yes  No**  Is meeting being recorded: **Yes  No**  Will MOC be provided: **Yes  No** | | |
| Pre – Session Review and Practice | | |
| Introducing Guest Presenter | |  |
| Practice Sharing Screen | |  |
|  | | |
| Logistics | | |
| Chat Moderator: |  | |
| Practice Technology (unmuting all, turning on/off video, etc…) |  | |
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| Notes | |
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