**Educational Objectives**

At the conclusion of this activity, the participant should be better able to:

• Point 1

• Point 2

• Point 3

**Accreditation and Credit Designation Statements**

Case Western Reserve University School of Medicine is accredited by the Accreditation Council   
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 [Insert name and role (speaker/moderator)] reported no financial relationship relevant to this activity.



[Insert name and role (speaker/moderator)] is a consultant for [insert company name], paid speaker for [insert company name], received grant research support from [insert company name], and/or has an ownership interest in [insert company name].



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For additional information regarding this presentation, please contact [insert name of coordinator, phone #, email].



TITLE & CID #

Date

Time

Location

Speaker name, Title

*Speaker affiliation*

Title of Session