

TEMPLATE INSTRUCTONS	
Type of communication	Healthcare Professional (HCP) invitation to a meeting or event
When to use	Use this to invite an HCP to a company product training meeting or third-party event / congress (There are three types of communication: HCP invitation to an event, employer notification for an event or for a consulting service and employer approval for an event or for a consulting service. Select the correct template. The invitation letter can also serve as employer notification, if a copy is sent to the HCP's employer.)
Type of activity	Company Product Training Meeting or Third-party Event / Congress
Recipient	HCP attending the meeting or event
Carbon copy (cc)	HCP's employer
Process	<ul style="list-style-type: none"> • Send an invitation letter to HCPs invited to attend a product training meeting or a third party event. • Customise the highlighted sections. Do not make any other changes to the template. Be sure to delete these directions, the brackets [] and highlighting before sending. • Adjust to reflect local laws and industry codes, as required. • Delete any sections that do not apply to the activity. For example, delete the paragraph on product training meetings if you are sponsoring the HCP to a third party event. • You may send this communication via email or the postal service. Send the letter to the healthcare professional's employer and copy the healthcare professional invited to attend the meeting or event. • Retain a copy of the communication for your records.

[Date]

[Name, address of healthcare professional selected to attend meeting or event]

Dear [insert name of healthcare professional selected to attend meeting or event]

[Insert your company name] is pleased to invite you to attend [insert name of specific event] for educational purposes.

[For product training meetings, include the following paragraph.] This meeting is relevant to your area of medical expertise and will provide training on the safe and effective use of Smith & Nephew products. Please see the attached agenda for further details on the meeting.

[For third party meetings, include the following paragraph.] This meeting is relevant to your area of medical expertise and will facilitate the sharing of scientific knowledge, the advancement of medicine and the delivery of effective healthcare. Further details about the conference can be found at the following link: [insert conference website link].

Per the **Company** Code of Conduct, we do not offer anything of value—including consulting services, sponsorship to educational events, hospitality, meals or entertainment—to improperly influence a healthcare professional to use or consider using products.

As a part of this sponsorship, we will provide the following: **[customise as appropriate]**

- Reasonable meals and refreshments during the meeting
- Transportation to and from the meeting **[insert travel class]**
- Reasonable accommodation from **[insert dates]**

We will **not** provide the following:

- Entertainment activities such as sporting or cultural events, sight-seeing tours or spa visits
- Any extra charges such as mini-bar expenses, gym/spa fees, etc.
- Travel arrangements (flights, hotel costs, etc.) for any personal guests of the healthcare professional

We believe that you are **[select one of the following and delete the number before the paragraph]**

(1) fully self-employed. This means you do not perform any duties as a healthcare professional on behalf of a privately-owned or government-owned hospital, clinic or similar establishment. This includes full time or part time work performed as an employee or contractor. As such, there is no “employer” that we can notify about this sponsorship. If you are employed by a private or government-owned organisation, please notify us immediately. **[Note for business person – delete this comment before sending. If the HCP only rents space in a hospital, clinic or similar establishment to perform his medical duties, but is otherwise not employed or contracted by that establishment, select this option.]**

(2) employed by a private or government-owned organisation. This means you perform duties as a healthcare professional on behalf of a privately-owned or government-owned hospital, clinic or similar establishment. This includes full time or part time work performed as an employee or contractor. This sponsorship is subject to any objections raised by your hospital administration and/or supervisor. As such, we are required to **[select one - notify your employer about this sponsorship / gain approval from your employer about this sponsorship]. [Note for business person – delete this comment before sending. Select this option even if the HCP is performing consulting services during evenings, weekends, holiday time, or on days when he is not working for his employer.]**

We hope that you find this meeting to be informative and useful. If you require any further details concerning our sponsorship of you to this event, please contact **[insert contact name and details]**.

Best regards,

[Name]

[Title]

[Company Name]

cc: **[insert name of healthcare professional attendee’s employer]**