Presenter’s Confirmation Letter – Name of event

Date

Name of Presenter

Street

City, State, Zip Code

Dear Presenter,

Thank you for agreeing to facilitate name of conference on Monday, day, year. Your willingness to meet to prepare and tailor this workshop to meet the specific needs of the participants is much appreciated. NACDD will retain the rights and ownership of the updated course.

This letter will serve as confirmation of our agreement for this training. We will pay you an honorarium fee of $100. Please submit your invoices with finance code xxx-xxxx-x to ap.nacdd@chronicdisease.org upon completion of event.

As soon as the information is available, you will be notified to make hotel and transportation reservations.

Should you have questions about the name of the training, please feel free to contact training lead person (email address, telephone#).

We look forward to an engaging, productive, and successful training event.

Sincerely,

John W. Robitscher, MPH

Chief Executive Officer