

CCME Fee Selection – Joint Providership

Activity: _____ Date(s): _____

Course Director Name: _____ Signature: _____
Verifies Selection of Fee Package

Course Contact Person: _____ Phone: _____

E-mail: _____

Selection	Packages	CCME Fee Package Description
	1	CME certification – Trusted Entity \$1500 + display & grant fees
	2	CME certification – New Joint Sponsor (non-MEC) \$3,500+ display & grant fees
	3	CME certification - New Joint Sponsor (MEC) \$10,000 + display & grant fees

Credit Card Administrative Fee	<i>Applicable to ALL Packages</i>
Total Amount of Registration Credit Card Charges	_____
Total Amount of Commercial Support Credit Card Charges	_____
Credit Card Revenue Sub-Total	_____
Processing Fee (5%)	_____ x 0.05
Total Credit Card Administrative Fee	_____

Display Administrative Fee	<i>Applicable to ALL Packages</i>
_____ Display Applications	_____ X \$25 = _____
# of Displays	Display Fee
	Total Display Fees

Educational Grant Administrative Fee	<i>Applicable to ALL Packages</i>
_____ Grant Administration	_____ X \$50 = _____
# of Grants	Grant Fee
	Total Grant Fees

Use of Independent Registration System	
_____	\$500 = _____
	Fee
	Total Independent Registration System Fees

CCME Fee Estimation	
_____	Conference Package
_____	Credit Card Administrative Fee Total
_____	Display Administrative Fee Total
_____	Educational Grant Administrative Fee Total
_____	Use of Independent Registration System Total
_____	Estimated Total Due