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 **CE Activity Income Reporting Form**

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| 1 | **Activity Title** |  |
| 2 | **Activity Sponsor** |  |
| 3 | **Activity Contact** |  |
| 4 | **Contact Email** |  |
| 5 | **Income for Activity** Please complete the information below. If no funds were received, please indicate “0.00.” |
| Total amount of **Commercial Support** received (Grants or in-kind support from ineligible companies. An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | **0.00** |
| Total **Advertising and Exhibit Income** received in support of your program/activity  |  |
| Total **Registration Fees** received from activity participants |  |
| Total **Government Monetary Grants** received from federal, state, or local government agencies in support of the activity |  |
| Total **Private Monetary Donations** received in support of your program (monetary donations received from the private sector, including foundations, in support of your activity). Commercial support is NOT considered a private monetary donation.  |  |

**Instructions:**

Complete this form and submit within 15 days of Activity End Date to CE.Applications@piedmont.org with the name of your activity in the subject line.