****

**CE Activity Income Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto:CE.Applications@piedmont.org) with the name of your activity in the subject line.