

**EXAMPLE**  
**Budget Form for Jointly Provided Activities**  
 (No specific format required)

**REVENUE**

Registration Fees/Physician \$ \_\_\_\_\_ ( \_\_\_\_\_ @ \$ \_\_\_\_\_ )  
 Registration Fees/Other \$ \_\_\_\_\_ ( \_\_\_\_\_ @ \$ \_\_\_\_\_ )  
 Internal Funds of UM Medical School Unit \$ \_\_\_\_\_  
 Internal Funds of Joint Sponsor \$ \_\_\_\_\_  
 In-Kind Commercial Support\* \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**TOTAL REVENUE** \$ \_\_\_\_\_

**PROMOTIONAL EXPENSES**

Graphic Design \$ \_\_\_\_\_  
 Printing \$ \_\_\_\_\_  
 Postage \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_

**Total Promotion Expenses** \$ \_\_\_\_\_

**PRODUCTION COSTS**

Faculty Honoraria \$ \_\_\_\_\_  
 Faculty Travel \$ \_\_\_\_\_  
 Personnel Expense for meeting management (if not directly paid) \$ \_\_\_\_\_  
 Printing (program books, handouts, etc.) \$ \_\_\_\_\_  
 Audio Visual \$ \_\_\_\_\_  
 Food/Catering \$ \_\_\_\_\_  
 Meeting Supplies \$ \_\_\_\_\_  
 CME Credit Designation & Recording Fees \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Production Expenses** \$ \_\_\_\_\_

**TOTAL ALL EXPENSES** \$ \_\_\_\_\_

\*Note: [UM Medical School policy](#) prohibits receiving commercial funding (gifts, grants, exhibit fees) to support UMMS CME activities, but in-kind commercial support (e.g., supplies, equipment) is allowed. All in-kind commercial support must be documented with a written agreement and a copy of that agreement must be attached to either the *Application for Designation of AMA PRA Category 1 Credit* or the *Report on a CME Activity* associated with the activity.