



**Income and Expense Report for CME**

**INCOME:**

Total Member CME Registration Fee:	\$
Commercial Support:	\$
Exhibit Fees:	\$
In Like Kind Sponsorship:	\$
Application Fees:	\$
Others:	\$
Total:	\$

**Expense:**

CME Application Dues:	\$
ACCME Dues:	\$
CME Certificate Fee:	\$
Honoraria: Refer to IMANA Policy	\$
Audio Visual:	\$



السلام عليكم ورحمة الله  
**Islamic Medical Association**  
 of North America

Hotel Room Expense:	\$
Breakfast, Lunch & Coffee:	\$
Marketing & Mailing:	\$
Others:	\$
Total:	\$

Conclusion Remarks:

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Print Name of CME Chair: \_\_\_\_\_

Signature of CME Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Date by CME Committee: \_\_\_\_\_

Approval Date By Executive Council: \_\_\_\_\_