**Society of Gastroenterology Nurses and Associates**

**MARKETING FORM for CNE ACTIVITY**

**All the elements on this form** must be included if you choose to develop your own Marketing Flyer/Brochure. You may use this form or create your own. Do not include this header or any language about SGNA or ANCC.

**Title of Program**:

**Presenter(s) Name and Credentials:**

**Date**:       **Time**:

**Location**:

**Provider of CNE Event (i.e., SGNA Region)**:

**Contact Person’s Name and Phone Number**:

**Contact Hours**:       (Fill in requested number) **Contact Hours Pending**

**Commercial Support**: If there is Commercial Support, the following statement should appear on the Marketing Material:

There is commercial support for this program provided by (name of commercial interest) provided in the form of (in kind or financial support).

**Approval statement:**

**If approved:** This continuing nursing education activity was approved by the Society of Gastroenterology Nurses and Associates, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**If still pending approval:** This educational activity has been submitted to the Society of Gastroenterology Nurses and Associates, Inc. for approval. The Society of Gastroenterology Nurses and Associates, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.