November 8, 2016

Dear Doctor:

I invite you to the next Mid-Ohio Endovascular Club (MOEC) scheduled on Thursday, December 8, 2016. Patrick Kelly, MD from Sanford Vascular Innovations in Sioux Falls, South Dakota will be discussing "Bringing Medicine and Engineering Together".

This MOEC will be held at OSU Golf Club located at 3605 Tremont Rd in Columbus. Category 1 CME will be provided to you, please RSVP to Dawn.Sagle@osumc.edu or fax the form on the backside of this letter to 614-293-8902.

The schedule is as follows:
6:30-7:00 pm  Registration and refreshments
7:00-8:00 pm  Dinner/Introduction/Presentation
8:00-8:15 pm  Q & A
8:30 pm       Adjournment

This program is supported by an educational grant from Medtronic. Under the Physicians Payments Sunshine Act Medtronic is required to report all financial relationships with physicians, including transfers of value, such as meals, given to physicians. I look forward to seeing you there!

Sincerely,

Jean Starr, MD
Associate Professor of Clinical Surgery
Program Director
Division of Vascular Diseases & Surgery

*The Ohio State University Medical Center, Center for Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Ohio State University Medical Center designates this educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The Ohio State University Medical Center presents this activity for educational purposes only. Participants are expected to utilize their own expertise and judgment while engaged in the practice of medicine.
Mid-Ohio Endovascular Club
December 8, 2016
OSU Golf Club
3605 Tremont Road
6:30 p.m. – 8:00 p.m.

Register on-line by e-mail to Dawn.Sagle@osumc.edu or fax this form to 614-293-8902.

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NAME:_________________________________________ DEGREE:____________

ADDRESS:_______________________________________

CITY:_________________ STATE:_________ ZIP:______________

PHONE:_________________ SPECIALTY:________________

FAX:_________________ E-MAIL:_________________