

EDUCATIONAL MEAL ATTENDANCE FORM

Date: 12/07/2023 Total Expense: \$ _____

No. Expected: 35 No. Attended: _____

Neurelis Representative: Ransom Dicki

Meal Type: ☐ BreakFast ☐ Lunch ☐ Dinner ☐ Snack

Location: Virtual

City/State/Zip:

Telephone:

ALL ATTENDEES:

(Obtain applicable info and signature for all persons in attendance including doctors, nurses, PAs, staff, Neurelis personnel, etc.)

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
1. Yasmine Aufderhar Burns Avenue Elementary School	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
2. Mikayla Considine 52 Miles Lane	<input checked="" type="checkbox"/> State of lic: Maine RN38597 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
3. Fermin Cruickshank 12 Morewood Oaks	<input checked="" type="checkbox"/> State of lic: New York 754890-01 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
4. Lura Cruickshank 250 Old East Neck Road	<input checked="" type="checkbox"/> State of lic: New York 362973-1 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
5. Emmitt Dicki middle countrty school district	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
6. Ransom Dicki	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
7. Shyann Dooley RSU21 Kennebunk Elementary School	<input checked="" type="checkbox"/> State of lic: Maine RN73442 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
8. Oscar Durgan Hope Elementary School	<input checked="" type="checkbox"/> State of lic: Maine RN65746 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
9. Robb Feeney West Hollow Middle School	<input checked="" type="checkbox"/> State of lic: New York 427018-1 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
10. Helen Fritsch Newfield HS	<input checked="" type="checkbox"/> State of lic: New York 645784 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
11. Javier Gleason 1 alumni drive	<input checked="" type="checkbox"/> State of lic: New Hampshire 052674-21 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
12. Coralie Hagenes 18 Goodfriend Drive	<input checked="" type="checkbox"/> State of lic: New York 762360 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
13. Candace Hayes Lindenhurst Unified School District	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
14. Estell Jacobs 2301 Grand Avenue	<input checked="" type="checkbox"/> State of lic: New York 620177-01 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
15. Garrison Kemmer 715 riverwood drive	<input checked="" type="checkbox"/> State of lic: New Hampshire 075544-21 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
16. Remington Kuhlman 6 Donna Ln	<input checked="" type="checkbox"/> State of lic: New York 621564 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: APRN <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
17. Raven Labadie Massachusetts School Nurse Organization	<input checked="" type="checkbox"/> State of lic: Massachusetts RN160602 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
18. Aurelio Lemke Waynflete School	<input checked="" type="checkbox"/> State of lic: Maine RN59877 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: MPH <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
19. Emie Lindgren	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
20. Barbara Mann Pittsfield Elementary School	<input checked="" type="checkbox"/> State of lic: New Hampshire 034696-21 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
21. Shawna Mertz Elwood Middle School	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: OTHER <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
22. Lonie Nicolas Shoreham Wading River School District	<input checked="" type="checkbox"/> State of lic: New York 327637-1 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
23. Zion Prosacco	<input checked="" type="checkbox"/> State of lic: New York 237959 -or- <input checked="" type="checkbox"/> NPI #: 1164712378	<input checked="" type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
24. Casey Reilly Biddeford School District	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: OTHER <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
25. Janae Roob 145 Marshal drive Selden NY	<input checked="" type="checkbox"/> State of lic: New York 555353-01 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
26. Rory Schamberger James Wilson middle school	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
27. Preston Schmidt home	<input checked="" type="checkbox"/> State of lic: New Hampshire 062083-21 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
28. Rafaela Schuppe 269 Middle St	<input checked="" type="checkbox"/> State of lic: Maine RN -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
29. Ethel Spinka 39 Roulston Road	<input checked="" type="checkbox"/> State of lic: New Hampshire 078767-21 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
30. Colten Tremblay Lebanon Elementary School	<input checked="" type="checkbox"/> State of lic: Maine RN79071 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
31. Zula Treutel 525	<input checked="" type="checkbox"/> State of lic: New York 709396 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
32. Amber Turner BBP	<input checked="" type="checkbox"/> State of lic: New York 420124 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: MS <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
33. Meaghan Wisozk 2616 Martin Avenue bellmore ny 11720	<input checked="" type="checkbox"/> State of lic: New York 390551 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: OTHER <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
34. Chelsea Wolf Dexter Regional High School	<input checked="" type="checkbox"/> State of lic: Maine RN056416 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input checked="" type="checkbox"/> Other: MSN <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
35. Emmett Yost 205 Dare Road	<input checked="" type="checkbox"/> State of lic: New York 570357 -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input checked="" type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
36.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
37.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
38.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
39.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
40.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
41.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
42.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
43.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
44.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
45.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
46.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
47.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
48.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
49.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
50.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.

Print Full Name & Institution Name	State License or NPI Number	Attendee Professional Designation	Meal Opt Out	Signature
51.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
52.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
53.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
54.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	
55.	<input type="checkbox"/> State of lic: -or- <input type="checkbox"/> NPI #:	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> MA <input type="checkbox"/> DO <input type="checkbox"/> CNS <input type="checkbox"/> Office Staff <input type="checkbox"/> PA <input type="checkbox"/> CRNA <input type="checkbox"/> Other: <input type="checkbox"/> NP <input type="checkbox"/> CNM	<input type="checkbox"/>	

General Requirements

- **Purpose, Attendance, Location**

- Meals and snacks must be provided in conjunction with a legitimate business purpose, such as an educational presentation.
- Company Representative providing the meal/snack must be present (e.g., no “drop offs”, no “gift certificates”).

- **Cost of Meal**

- Must be modest as judged by local standards. No “lavish” meals.
- May not exceed per person maximum set by the company, and in no event may the cost of any meal or snack (including food, beverage, tax and tip) exceed the following per person maximums:

MEAL TYPE	LIMIT PER ATTENDEE LIVE EVENTS	LIMIT PER ATTENDEE VIRTUAL EVENTS
In-office breakfast, or snack	\$30	\$30
In-office lunch	\$50	\$50
In-office dinner	\$110*	\$75
Out-of-office breakfast or snack	\$30	\$30
Out-of-office lunch	\$50	\$50
Out-of-office dinner	\$110*	\$75

*\$135 for high markets *Meal limits may be increased in the following metropolitan areas: Boston, Chicago, Honolulu, Los Angeles, Miami, New York, San Francisco, Seattle*

- **Using the Meal Attendance Form:**

- Complete the top portion of the Form thoroughly and accurately.
- Include the food, beverage, tax, and tip in the “Total Expense”.
- Ensure all persons (HCPs and non-HCPs) have completed/signed the Form where applicable.
- “No-Shows” may be included in total number of attendees if attendance was confirmed in advance.
 - Hand write in person’s name and “Confirmed Attendee - No Show”

- **State Specific Laws/M meal Restrictions**

- Oregon: Any HCP with a license is reportable and must be individually recorded
- Vermont: NO MEALS in or out of office are permitted
- Louisiana: \$62 per person, per meal for State employees
- Minnesota: \$50/per physician/per year max meal limit (Note: ND physicians may have dual licenses in MN)
- New Jersey prescribers: \$15 per person limit for lunch and \$30 for dinner
- Connecticut: APRNs must *also* be recorded
- Mass, Nevada and Washington, DC: All licensed HCPs much be individually recorded

Please note that these meals costs will be reported to State and Federal government agencies in which financial disclosure and financial transparency is required by law.