ACP Internal Medicine Meeting 2027

Innovation Theater Information Form

Please provide the information exactly as you wish it to appear in ACP promotional materials. Your program listing in ACP promotional materials is contingent upon receipt of this form prior to the deadline. Changes made after the submission deadline are not guaranteed.

Session Title:

Sponsor/Exhibiting Company:

Theater Date and Time Slot:

Speaker 1

Full Name:

Degree: (ie, MD, DO, FACP, etc.)

City, State:

Speaker 2 (optional)

Full Name:

Degree: (ie, MD, DO, FACP, etc.)

City, State:

Description of Theater Session: