

Date:

Dear: [Employer]

I request your approval to attend the Pulmonary Hypertension Association's (PHA)'s 2019 Pulmonary Hypertension Professional Network (PHPN) Symposium from Sept. 5 - 7 in Washington, D.C. The 2019 Symposium — a biennial event — is focused on interprofessional networking and education for those working in pulmonary hypertension (PH).

During the three-day meeting, I will have the opportunity to choose from nearly 30 accredited educational sessions, as well as an accredited abstract poster session where I will have the opportunity to earn up to 12.5 hours of continuing education credit. Attending this symposium will offer me the opportunity to share and learn valuable information about PH.

PHA's 2019 PHPN Symposium will also allow me to network with PH experts and colleagues and expand my professional horizons. I will be able to learn from top thought leaders and experts as they share and discuss industry trends, emerging issues and proven methods.

I plan to achieve the following three objectives:

(Examples – "I will be lobbying members of Congress on Capitol Hill on behalf of our PH patients." "I will get to learn from others who are treating PH across the country." "I will attend a workshop about PHA's PH Care Center accreditation program.")

Objective 1:

Objective 2:

Objective 3:

In addition, PHA's 2019 PHPN Symposium is a terrific financial investment, as registration fees are considerably lower than those for most meetings of this size and caliber.

I am confident that by attending this event, I will provide added value to our practice. I look forward to bringing key takeaways back to share and implement to strengthen the care that we provide. Please let me know if you would like additional information. You may also review PHA's PHPN Symposium information on PHA's website at www.PHAssociation.org/Symposium for details about this professional organization and its activities.

Sincerely,

[Name]

For your information, following is the breakdown of projected costs:

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| Registration Fee | \$ |
| All PHA medical members receive a discount on PHA's PHPN Symposium registration. PHPN members can receive up to \$200 in | |

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| discounted registration. PH Clinicians and Researchers (PHCR) members can receive up to \$250 in discounted registration. | |
| Membership Fee (if applicable) The PHPN member fee is \$95/year. The PHCR member fee is \$150/year. | \$ |
| Airfare | \$ |
| Transportation | \$ |
| Hotel | \$ |
| Other (meals, per diem, parking, etc.) | \$ |
| Total Estimated Costs | \$ |