**OMI VISITING PROFESSORSHIP**

**TOPIC**

in collaboration with

NAME (your institution)

PLACE

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| **TIME** | TOPIC |
| 8:30 – 9:00 | Registration |
| 9:00 – 9:15 | Welcome AddressIntroduce Speakers, their Academic Institutions, and the OMI |
| 9:15 – 10:00 | DIDACTIC LECTURE I |
| 10:00 –10:15 | Q & A |
| 10:15 – 11:00 | DIDACTIC LECTURE II |
| 11:00 – 11:15 | Q & A |
| 11:15 – 12:00 | DIDACTIC LECTURE III |
| 12:00 – 12:15 | Q & A |
| 12:15 – 13:15 | Lunch |
| 13:30 – 15:30 | Case Presentations by Participants (6 – 8 cases @ 15 min. each) |
| 15:30 | Certificates AwardedClosing Remarks |
| Optional | Hospital Visit |
| Evening | Fellows/Faculty Reunion |

DATE