

Overview of Stroke and Strategies for Secondary Prevention

Dear Medical Colleague:

On behalf of the Medical Affairs Division of sanofi-aventis, I would like to invite you to participate in the **Overview of Stroke and Strategies for Secondary Prevention** dinner program which will take place on Tuesday, April 20, 2010.

This program is designed to improve knowledge of the disease state and provide a forum for in-depth discussion. We are seeking local health care professionals like you who are willing to participate by sharing patient care experiences and a working knowledge of implementing programs within their institutions which ultimately improve patient care. Below are the details of this meeting:

Title: Overview of Stroke and Strategies for Secondary Prevention

Venue: Bluewater Grille
224 Broad Street
Chattanooga, TN 37402
(423) 266-4200

Date: Tuesday, April 20, 2010

Time: 6:30 PM – 8:30 PM

Registering to attend is quick and easy. Please email powerplanner@psillc.com and include your name, address, and phone number. You may also complete the attached registration form and fax it back to 866-274-3199 by **Friday, April 16, 2010**.

Pursuant to policy, this meeting is only for health care professionals who have registered to attend the program. Should a colleague wish to attend, please contact Pharmaceutical Strategic Initiatives at 866-516-0901. **This meeting is limited in size. Please respond at your earliest convenience to assure your participation.**

If you need any additional information regarding this meeting or the meeting logistics, please feel free to contact PSI between 8:00 AM and 5:00 PM EST at 866-516-0901.

Thank you for your interest and we look forward to your participation.

Sincerely,

Donald Roberson

Donald Roberson, PharmD
Sr. Regional Medical Liaison
sanofi-aventis U.S.

Overview of Stroke and Strategies for Secondary Prevention

Program Reservations

- To attend this program, please register by **Friday, April 16, 2010.**

Program Date and Time

- This program is scheduled to take place on **Tuesday, April 20, 2010.**
- The program will begin promptly at 6:30 PM.

Program Location

- This program will take place at:
- Bluewater Grille**
224 Broad Street
Chattanooga, TN 37402
(423) 266-4200

MapQuest (www.mapquest.com) can assist you in providing directions to the restaurant from your specific location.

Arrivals and Departures

- Please plan to arrive at the restaurant no later than 15 minutes prior to the start of the program.
- The program is scheduled to conclude by 8:30 PM.

Parking:

- Complimentary on-site parking is available.

Attire

- Business casual or casual attire is appropriate.

Preliminary Agenda (Subject to Change)

Arrivals	In by 6:15 PM
Dinner	6:30 PM
Presentation	6:30 PM to 8:30 PM

Attendee Expenses Included

- All pre-arranged group meals.

Attendee Expenses NOT Included

- Travel reimbursements that include refreshments, mileage or telephone calls.

Email Confirmations*

- A program confirmation will be sent to you via email. * Please be sure to include your email address when registering for the program.
- The confirmation will come via the PowerPlanner system.

Cancellations:

- If you are unable to attend the program and have previously registered for it, please contact us immediately at **(866) 516-0901** between 8:00 AM and 5:00 PM ET.

Questions

- Contact PSI at **(866) 516-0901** between 8:00 AM and 5:00 PM ET.



Program Basics

**Your Confidence in Us is Earned.....*

Your email address is kept in the strictest of confidence. Your email address is never sold or used for anything other than the purpose of communicating with you regarding this program.

Overview of Stroke and Strategies for Secondary Prevention

- I am able to attend
 Sorry, I am not able to attend

Tuesday, April 20, 2010 • Bluewater Grille • Chattanooga, TN

Complete the information below and fax this form to 866-274-3199 **by Friday, April 16, 2010**

Full name _____	Title _____	
Degree(s) _____	Specialty _____	Sub-Specialty _____ <i>(If applicable)</i>
Institution _____		
Address 1 _____		
Address 2 _____		
City _____	State _____	Zip _____
Mailing Address _____ <i>(If different from above)</i>		

Administrative Assistant _____	Your E-mail Address _____	
Phone # _____	Fax # _____	
Home Phone # _____	<i>(For emergency purposes only)</i>	

**Questions? Please call PSI at (866) 516-0901 or
via email at powerplanner@psillc.com**

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