**[Date]**

Dear **[Insert Employer's Name],**

To support **[Insert your facility]**’s goal of providing our patients with high-quality care grounded in the most current science, treatment approaches, and technology, I would like to attend AAPA 2020, the national conference of the American Academy of PAs. The event will be held Saturday, May 16 – Wednesday, May 20, 2020, in Nashville, TN.

**I am requesting approval for expenses related to this CME activity, including registration fees, travel expenses, time away from work, and hotel accommodations.** (Hotel rooms are available at a reduced rate for AAPA 2020 attendees.)

**Summary of Benefits**

AAPA 2020 is the preeminent event for PAs to earn high-quality continuing medical education. The conference offers more than 35 AAPA Category 1 CME credits over five days.

The conference includes a wide variety of courses, lectures, and workshops focused on:

* Critical health issues and conditions such as diabetes, hypertension, obesity, and more
* Specialties like emergency and trauma medicine, pediatrics, surgery, orthopaedics, and cardiology
* Improving patient communication and outcomes
* Preparing for the PA National Recertifying Exam (PANRE)

I am most looking forward to the sessions focused on **[Insert your topics of interest, reference** [**AAPAconference.org**](http://aapaconference.org/) **sessions, or use some of the suggestions above.]** as they will be directly applicable to what I do each day. I’ll return to work ready to put these new skills into practice and look forward to sharing this new knowledge with my colleagues.

**Costs**

AAPA offers its fellows a reasonable and special pricing rate of **[Staying outside the AAPA hotel block - $755/$805/$855/$905** **through December 2/January 29/March 25/May 20 or staying inside the AAPA hotel block - $555/$605/$655/$705 through December 2/January 29/March 25/May 20]**. The registration fee includes access to the Exhibit Hall, clinical ePoster sessions, and networking events with more than 7,000 PAs and other health care thought leaders.

My estimated cost for travel is **$ [Cost]** and cost for hotel accommodations is **$ [Cost].** The total cost associated with attending this conference is **$ [Cost].**

Attending AAPA 2020 will enhance my professional knowledge and skills and enable me to provide better care to our patients. I would be thrilled to have the opportunity to attend.

Thank for your consideration of this request.

Sincerely,

**[Signature]**

**[Insert Your Name]**