



## Application Form for IACAPAP of Endorsed Events/Programs

| SECTION I: Basic Information  |                        |
|---|------------------------|
| Date of Application:  |                        |
| Name of Program/Conference:   |                        |
| Host Organisation(s):   |                        |
| Program/Conference/Congress Location (City, Country):                     |                        |
| Start Date (DD/MM/YEAR):  | End Date (DD/MM/YEAR): |
| Name of Organiser/Contact Person:   |                        |
| Email:  |                        |
| Phone number:   |                        |
| Mailing Address:  |                        |
| Program/Conference Website:   |                        |
| SECTION II: Scientific Value of Program Conference                        |                        |
| Type of Program/Conference:   |                        |
| <input type="checkbox"/> Abstract submission with peer-review             |                        |
| <input type="checkbox"/> Course   |                        |
| <input type="checkbox"/> Workshop   |                        |
| <input type="checkbox"/> Regional education meeting with invited speakers |                        |
| <input type="checkbox"/> Thematic symposium with invited speakers         |                        |
| <input type="checkbox"/> Product-driven educational meeting               |                        |
| <input type="checkbox"/> Invited, peer-reviewed education presentations   |                        |
| <input type="checkbox"/> Other, please provide a description:             |                        |

|   |  |
|---|--|
| Brief description of the conference:  |  |
| Maximum Number of Estimated Participants:*  | Minimum Number of Estimated Participants:* |
| Is this a recurring event/conference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                     |  |
| If yes, how often will it recur? <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other |  |
| Education Objectives:   |  |

**Required Signatures**

By signing this application for an IACAPAP Endorsement, the applicant organisation agrees that if this application is accepted in writing by IACAPAP.

Applicant Organisation Representative

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Signature

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Please print or type the name

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Date