



## 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? <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, it will comply with all related terms and conditions.

Applicant Organisation Representative

---

Signature

---

Please print or type the name

---

Date