

## Request for ISCP endorsement of meetings

ISCP will be happy to consider your application for endorsement. Please complete the following:

### 1. Organiser Details

Name:					
Address:					
City:					
Country:					
Postal/ZIP Code:					
Telephone:		Fax:		Email:	

### 2. Requester

Name:					
Telephone:		Fax:		Email:	

### 3. Event

Event Title:					
Web address:					
Please specify:	International Programme <input type="checkbox"/>	National <input type="checkbox"/>	Regional <input type="checkbox"/>	Other <input type="checkbox"/>	
Start date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)				
Venue Name:					
City:					
Country:					

### 4. Objectives

Programme objectives:					
Activities:	Workshops <input type="checkbox"/>	Round Tables <input type="checkbox"/>	Plenary Sessions <input type="checkbox"/>	Symposia Seminars <input type="checkbox"/>	
Other: (please specify)					

**Please provide a copy of the preliminary programme including talk titles, name and affiliation of participating faculty.**

### 5. Funding, Fees & Permissions

Please indicate the source of financial support for the event.

Government <input type="checkbox"/>	National society <input type="checkbox"/>	International society <input type="checkbox"/>	Private/philanthropic <input type="checkbox"/>	University <input type="checkbox"/>	Registration fees <input type="checkbox"/>
Other: (please specify)					

The requester agrees to pay the ISCP endorsement fee:

- Meetings initiated by ISCP Members and/or Local Governors and which have no commercial sponsorship €500.00 Yes  No
- Meetings initiated by ISCP Governors, BOD members or ISCP members, and receiving a degree of financial support (often involving professional event organisers): €1,000.00 Yes  No
- For any other meetings not fulfilling the criteria indicated under points 1 and 2 above: €2,000.00 Yes  No

*\*Under exceptional circumstances ISCP may grant official endorsement without charging a fee. Applicants who wish to apply for endorsement fee exemption should indicate this on the application form and contact Ms Begoña Lugg in writing (begonalugg@iscpcardio.org).*

Will the requester grant ISCP permission to record/videotape selected sessions? Yes  No

## 6. Statement

Requester statement and/or supporting comments:	
Name: <i>(Print)</i>	
Signature:	
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

Once completed, please return to:

Lisa Demos,  
Senior Research Fellow  
Department of Epidemiology & Preventative Medicine  
Monash University  
Melbourne VIC 3004  
Australia

Email: [Lisa.demos@monash.edu](mailto:Lisa.demos@monash.edu)

fax to +61 3 9903 0556