

## ISN MEETING, COURSE, OR WORKSHOP ENDORSEMENT APPLICATION

<b>TITLE of the event:</b>	
Location	
Dates	
Event webpage / website	
<b>Objectives, program, faculty, speakers</b>	
Objectives of the event	
Summary of the event / short description	
Names of the organizing and scientific committees	<i>Please include name of ISN Collective Member or Affiliated society, Sister Renal or Sister Transplant Center, or ISN Regional or Interventional Nephrology Training Center if applicable.</i>
Program outline and format	<i>Alternatively, please attach a draft program or brochure</i>
Proceedings	<i>Please describe the format of the event proceedings (audio-visual, PowerPoint, abstracts...) and distribution (public, attendees only, members...)</i>
<p><b>The organizers of this event attest that they endorse the <a href="#">Declaration of Istanbul</a>, the <a href="#">World Medical Association Declaration of Geneva</a>, and the <a href="#">World Medical Association Declaration of Helsinki</a>. ISN expects its partners to adhere to these statements.</b></p> <p><input type="checkbox"/> <b>Please check the box if you agree to the above principles.</b></p>	
<b>Potential attendees</b>	
Profile and number of potential attendees	

Please submit the form to ISN Global Operations Centre, Jo-Ann Donner at [jdonner@theisn.org](mailto:jdonner@theisn.org)

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Sponsorship	
Disclosure of any corporate involvement / sponsorship	
Support / Endorsement	
Other Societies or Foundations supporting or endorsing the event	
Application fee	
<p>Once the completed application form is received by the ISN, an INVOICE will be issued to the event organizer for the application fee as follows (if applicable):</p> <ul style="list-style-type: none"> <li>FREE for ISN Collective Member and Affiliated societies, Sister Renal and Sister Transplant Centers, and ISN Regional Training Centers</li> <li><b>All other organizations pay \$1,000 USD</b></li> </ul> <p>All application fees are non-refundable and are essential for the appropriate and timely administration and processing of endorsement requests.</p>	
Remarks and comments	

*If available, please attach a sample of the initial event announcement(s).*

Contact person	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	
<b>First name:</b>	<b>Last name:</b>
<b>Organization:</b>	
Phone:	Fax:
<b>Email:</b>	

Signature: \_\_\_\_\_

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