

ISN MEETING, COURSE, OR WORKSHOP ENDORSEMENT APPLICATION

TITLE of the event:	
Location	
Dates	
Event webpage / website	
Objectives, program, faculty, speakers	
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>The organizers of this event attest that they endorse the Declaration of Istanbul, the World Medical Association Declaration of Geneva, and the World Medical Association Declaration of Helsinki. ISN expects its partners to adhere to these statements.</p> <p><input type="checkbox"/> Please check the box if you agree to the above principles.</p>	
Potential attendees	
Profile and number of potential attendees	

Please submit the form to ISN Global Operations Centre, Jo-Ann Donner at 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"> FREE for ISN Collective Member and Affiliated societies, Sister Renal and Sister Transplant Centers, and ISN Regional Training Centers All other organizations pay \$1,000 USD <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.	
First name:	Last name:
Organization:	
Phone:	Fax:
Email:	

Signature: _____

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