



ISRS

International Stereotactic
Radiosurgery Society

ISRS ENDORSED EVENT APPLICATION FORM

ORGANIZATION

Name:.....

Type of meeting:

Meeting Name:Meeting Dates:

Meeting Facility:City / State:

Address:

City:ZIP Code:

Telephone:.....

Email:

Administrative Contact (if applicable):

Telephone:.....

Email:

WEBSITE CONTACT INFORMATION

Your event will be posted on the ISRS Events Calendar on the ISRS website (unless you advise otherwise). Please provide the contact for your event registration and information and a link to your registration brochure or website.

SPONSORING

Please write here the information concerning sponsoring organization:

Commercial support is a financial or in-kind contribution given by a commercial interest, which is used to pay all or part of the costs.

*Please return this completed application via email to the ISRS staff contact at least **three months** prior to your meeting : secretariat@isrsy.org*

You will be notified by the ISRS as to the acceptance of your meeting



EVENT PLANNING

MISSION STATEMENT: (Brief description of purpose, function or objectives)

SCIENTIFIC & CLINICAL PROGRAM: Please include the draft or final event program as an attachment or annex when submitting your application.

CME OR LIKE INFORMATION:

PROMOTION:

ISRS is happy to promote this meeting using materials you provide. Please remember that promotional material must be approved by ISRS in advance of its being communicated.

*Please return this completed application via email to the ISRS staff contact at least **three months** prior to your meeting : secretariat@isrsy.org
You will be notified by the ISRS as to the acceptance of your meeting*



BENEFITS

- 1. Announcement of meeting on ISRS website.
- 2. Announcement of meeting in targeted mailing to ISRS members.
- 3. Use of "ISRS Endorsed Event" logo for promotional material, provided that said material is shared with, reviewed and approved in writing by ISRS at least 2 weeks or more in advance of distribution.

Date :

Prepared by (print name):

Signature:

APPLICATION SUBMISSION

By submitting this application, you agree to all ISRS requirements. If at any time the ISRS feels their policies are not followed, joint providership will be revoked or denied. Meeting should have significant content related SRS, SBRT or related focal therapies and attendance should be available to non-members of the particular sponsoring society.

Date :

Prepared by (print name):

Signature:

Conflict of interest should be disclosed by speakers and organizers.

Disclaimer: The ISRS takes no responsibility for the content, delivery, organization, or finances of an ISRS recognized meeting. Recognition of a course by the ISRS may be terminated at any time and without cause if chosen to do so by the ISRS.

*Please return this completed application via email to the ISRS staff contact at least **three months** prior to your meeting : **secretariat@isrsy.org**
You will be notified by the ISRS as to the acceptance of your meeting*