

International Association for the Study of Lung Cancer (IASLC)
Application Form for IASLC Sponsorship for Educational Events

NOTE: Please completely fill out the questionnaire as indicated. Incomplete applications will be returned without review.

(Please e-mail completed form to: pia.hirsch@ucdenver.edu)

NAME OF EVENT: _____

Proposed Date(s):	Location:
Organizing Group(s):	
Local Organizing Committee: (Please indicate the IASLC Liaison for this committee. This individual must be an IASLC member.)	
Contact Information: Contact Name: Address: Phone: _____ Fax: _____ E-mail: _____	

1. What will be the form of the Educational Event (please mark):

- Workshop
- Conference
- Symposium
- Other (*specify*):

2. What do you request from IASLC (please mark):

- Endorsement only (IASLC logo, announcement on web-site and in Newsletter).**
(Please fill in Section I ONLY)
- Endorsement plus financial support.**
(Please fill in BOTH Section I and Section II)

SECTION I

(If additional space is needed, please use and attach additional pages.)

1. Does this educational event have a prior history?

- YES, this is a regularly occurring event
- NO, this is a one-time event
- No, this is the inaugural event for what will be a regularly occurring meeting

2. List the goals and objectives of your educational event

3. How many participants are expected?

- Less than 100
- 100 – 300
- 300 – 500
- 500 – 1,000
- More than 1,000

4. Who is the target audience?

- Medical oncologists
- Surgical oncologists or thoracic surgeons
- Radiation oncologists
- Pulmonologists
- Nurses, pharmacists, and similar health-care related specialists
- Other

5. List the IASLC members who will serve on the organizing committee.

6. Will there be invited speakers from the IASLC?

YES

If yes, list those speakers: _____

NO

7. Provide the name of the local organizing committee member who will guarantee that IASLC is properly recognized and promoted at the meeting. (This liaison is ideally an IASLC member and will be responsible that a final meeting report be submitted to the IASLC office within 6 weeks after the end of the meeting.)

NAME OF IASLC LIAISON: _____

8. How will the IASLC be recognized at the meeting?

Flyers to be included with the conference materials and/or tote bag

Slides to be projected at the start and end of each session

IASLC logo will be prominently placed near the entrance of the meeting

Advertisements for the meeting will prominently display IASLC logo

Prominent IASLC placement in event website and e-mails

Other (please specify): _____

9. IASLC members will be offered a discounted registration fee (of at least 20% off the published rate).

YES

NO

10. Indicate the founding source(s) of the educational event (indicate all that apply):

Pharmaceutical companies

Please specify: _____

Unrestricted educational grants

Please specify: _____

Philanthropic contributions

Please specify: _____

Government or state funding

Please specify: _____

Other

Please specify: _____

11. Provide an overview of the budget breakdown for the planned educational event:

12. Are the other sponsoring organizations?

No

Yes. These other organizations are: _____

13. Will there be abstracts or educational articles from the event?

Yes

No

**14. Do you plan to have a Supplement for the Journal of Thoracic Oncology (JTO)?
Do you want to have the abstracts published in the Journal of Thoracic Oncology (JTO)?**

Yes

No

15. Confirm that post-meeting evaluations and reports will be submitted to the IASLC within 2 months of completion of the educational event.

Yes, this confirms the above statement

16. Provide an agenda or outline of the program, including invited, confirmed, or planned speakers.

SECTION II: Only for applicants requesting financial assistance from the IASLC

17. State the amount of financial support requested from IASLC.

18. Provide specific details on the use of financial support from the IASLC.

19. Provide a detailed budget of the planned Conference/Workshop (REQUIRED)