



PROGRAM # (ISAPS Office will assign):

## INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

### APPLICATION for Endorsed Program 2011

Endorsement is not approval to provide attendees with Continuing Medical Education (CME) credit.  
You must apply for accreditation to the appropriate organization in your country.

#### **This application can only be accepted for programs that meet the following criteria:**

1. Program is intended for an audience of plastic surgeons only
2. Program is organized by an ISAPS-recognized National Society
3. ISAPS National Secretary in the country where the program is to be held must approve
4. Education Council Chair or his appointee must be involved with the program content and faculty decisions before faculty is invited
5. Applications must be completed by a current, active member of ISAPS
6. Applications must be submitted to the Education Council for approval before there is ANY mention of ISAPS endorsement in any materials or on any website
7. It is not permitted to indicate that endorsement has been requested. Please allow at least one month for the approval process and plan your publicity efforts accordingly.

#### **If ISAPS endorses your educational program, ISAPS will provide for your organization:**

- Use of the official **ISAPS EC logo** and **official endorsement statement** in your publicity materials, on your website, and in other program related printed matter – only the approved language and logo can be used and will be provided with approval of your application.
- An EXCEL file of the ISAPS member **mailing list** emailed to your official program organizers – for one time use only. Requests for multiple list use should be made at the time of application. This list does NOT include email addresses. Emails can only be sent from the ISAPS Executive Office to conform to international spam mail restrictions.
- **One ISAPS designed email** to the full ISAPS mailing list of more than 15,000 plastic surgeons. **Two additional advertising emails** must be requested in advance and will be billed at \$300 each.
- Inclusion of your program details on the ISAPS website.
- Inclusion of your program in the **events listing** in *Aesthetic Plastic Surgery* and in *ISAPS News*. Allow at least four (4) months advance notice to be included in the journal and newsletter.
- Copy of official **Certificate of Attendance** that must be used for all ISAPS approve programs.

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**You MUST enclose ALL of the following items with your application.**

- Letter of request from the **President of the Sponsoring National Plastic Surgery Society**
  - Letter confirming the agreement of an **ISAPS National Secretary**
  - Copy of **proposed program** including suggested faculty
  - List of **organizing committee** including at least one member of ISAPS
  - Copy of **publicity brochure**, a draft is acceptable
  - List of all planned **uses of ISAPS logo**, for example: brochure, website, meeting related letterhead, postcards, meeting materials, certificates of attendance, diplomas
  - Endorsement Fee payment - \$2000
- Additional E-blast payment :  ONE additional E-Blast (\$300)  TWO additional E-Blasts (\$600)

**Educational Program Title:**

**Location:**

**Date(s):**

**Number of Attendees Expected:**

**Sponsoring Society:**

**ISAPS Member Completing Application:**

**National Secretary responsible for program oversight:**

**Intended Audience**

\_\_\_\_\_ % Plastic Surgeons

\_\_\_\_\_ % Non-Plastic Surgeon Physicians

\_\_\_\_\_ % Nurses and other health care personnel

\_\_\_\_\_ % Public or Other Non-Professional

**Will commercial exhibits be present?**  YES  NO

**Funding Sources**

Registration Fees

Industry support

Educational Grants

*Check all that apply*

Social Fees

Sale of proceedings CDs

Other, please specify:

**Program will be organized by**

Institution, Hospital, Clinic

Professional Congress Organizers

National Society Staff

Other:

**Name of PRIMARY Contact:**

**Department:**

**Affiliation/Company/Organization:**

**Street Address:**

**City:**

**State or Province:**

**Country:**

**Postal Code:**

**Telephone:**

*Country Code/City Code/Local Number*

**FAX:**

*Country Code/City Code/Local Number*

**E-mail:**

**Website where program will be promoted:**

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**Endorsement Fee of US\$2,000.00** should be **payable to ISAPS** and enclosed with the application. The fee will be fully refunded if the program is not approved for any reason.

**Checks or Bank Drafts** must be payable to ISAPS, must be from a **US bank**, and must be **sent to the Executive Office**. FOREIGN BANK CHECKS CANNOT BE ACCEPTED.

**Wire transfers** – please contact the Executive Office for wire instructions: [isaps@conmx.net](mailto:isaps@conmx.net)

**CREDIT CARD PAYMENT** (You may use a VISA, Master Card, or American Express credit card.)

<b>Credit Card No:</b>	
<b>Expiration Date:</b>	<b>CVV (Security) Code Number:</b>
<b>Name as it Appears on the Credit Card:</b>	
<b>Address where you receive your credit card bill: (required by our bank for verification)</b>	
<b>Street:</b>	
<b>City:</b>	
<b>Country:</b>	<b>Postal Code:</b>
<b>Signature:</b> _____	<b>Date:</b> _____

**APPLICATIONS must be sent to the Executive Director:**

**Catherine B. FOSS**  
 Executive Director  
 ISAPS Executive Office  
 45 Lyme Road – Suite 304  
 Hanover, NH 03755 USA  
 Fax / 1-603-643-1444 Email / [isaps@conmx.net](mailto:isaps@conmx.net)

**Questions or appeals should be directed to the Chair of the Education Council:**

**Nazim Cerkes, MD, PhD**  
 Cosmed Plastic Surgery Center  
 Yeni Sulun Sok. No:17, Levent, Istanbul, TURKEY 80620  
 Tel **90-212-283-9181** Fax **90-212-283-2445** Email [ncerkes@hotmail.com](mailto:ncerkes@hotmail.com)

**FOR OFFICE USE -**

The ISAPS Education Council  **APPROVES**  **DOES NOT APPROVE**

Comments:

*ISAPS. EndorsedProgramApplication-2011.doc*