



## INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

### APPLICATION to hold an **ISAPS SYMPOSIUM 2011**

PROGRAM # (ISAPS Office will assign):

#### **ISAPS Symposia are not approved for Continuing Medical Education (CME) credit.**

You must apply for accreditation to the appropriate organization in your country.

- This application can only be accepted for aesthetic surgery education programs that are organized by an ISAPS-recognized National Society with the involvement of the ISAPS National Secretary in the country where the program is to be held.
- Applications can only be completed by current, active members of ISAPS.
- All applications must be submitted to the Education Council for approval before there is ANY mention in any materials or on any website that the course has the official ISAPS Symposium designation.
- It is not permitted to indicate that approval has been requested or that it is pending.
- You should allow at least one month for the approval process and plan your publicity efforts accordingly.

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

- 1 – Use of the official ISAPS Symposium logo and approval 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.
- 2 – Inclusion of your program in the on-line calendar on the ISAPS website
- 3 – 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.
- 4 – ONE e-blast to promote the program. Cost is \$300.

#### **INSTRUCTIONS**

Incomplete applications will not be accepted.

- 1 – This application must include a supporting letter from the ISAPS National Secretary in your country. National Secretaries are listed on the website: [www.isaps.org](http://www.isaps.org) If your country has no National Secretary, the Chair of National Secretaries may provide the letter or assign you to a National Secretary in your region.
- 2 – Send completed application and all required enclosures to the ISAPS Executive Office at the addresses below.

#### **You MUST enclose all the following items with your application.**

- Letter of request from the President of the **Sponsoring National Plastic Surgery Society**
- Letter confirming the approval of an **ISAPS National Secretary**
- Copy of **proposed program** including confirmed and invited faculty
- Copy of **publicity brochure**, a draft is acceptable
- Planned **uses of ISAPS logo**     printed brochure     website     meeting related letterhead
- postcards     meeting materials     certificates of attendance     diplomas
- Other (please specify):

PROGRAM # (ISAPS Office will assign): \_\_\_\_\_

**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

**Commercial Exhibits will be present**     YES     NO

**Funding Sources**             Registration Fees     Industry support                       Educational Grants  
 Social Fees                       Sale of proceedings CDs     Other, please specify:  
 \_\_\_\_\_

**Program will be organized by**             Institution, Hospital, Clinic  
 National Society Staff  
 Professional Congress Organizers

**Name of Primary Contact** \_\_\_\_\_

**Address** \_\_\_\_\_  
 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** \_\_\_\_\_

PROGRAM # (ISAPS Office will assign):

**APPLICATIONS must be sent to:**

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

**FOR OFFICE USE -**

The ISAPS Education Council

**APPROVES**    **DOES NOT APPROVE** this Aesthetic Plastic Surgery Education Program as and official ISAPS Symposium.

Comments:

\_\_\_\_\_  
Nazim Cerkes, MD  
ISAPS Education Council Chair

\_\_\_\_\_  
Date of Approval