



INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

APPLICATION for Plastic Surgery Educational Program Endorsement

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

This application can only be accepted for medical education programs that are organized by an ISAPS-recognized National Society and with the involvement of the ISAPS National Secretary in the country where the program is to be held. In the absence of a National Secretary, either the Chair of National Secretaries or the Education Council chair or his appointee must be involved with the program content, design and implementation. 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 of ISAPS endorsement in any materials or on any website. It is not permitted to indicate that endorsement 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 endorses your educational program, ISAPS will provide for your organization:

- 1 – Use of the official ISAPS logo and 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.
- 2 – An EXCEL file of the ISAPS 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.
- 3 – Inclusion of your program in the on-line calendar on the ISAPS website
- 4 – 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.

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 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 Education Council Chair and to the ISAPS Executive Office at the addresses below.
Payment should be sent to the Executive Office.

<p>You MUST enclose the following items with your application.</p>

- 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 confirmed and invited 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
- Fee payment – see page 4 for payment options information

If you need to use the ISAPS mailing list more than once:

- Request for **multiple uses of the ISAPS mailing list**
We plan to mail to the ISAPS list _____ times and request permission to use the list for all mailings.

Note: if you plan to mail more than two months apart, please request a new list. We update the addresses frequently.

IMPORTANT: If you use ISAPS email addresses to promote your meeting, you agree that you will not record these emails for ANY future use, and that you will include them in the **BCC:** line of your email only so that they are not visible to other recipients of the email.

If you do not require the full ISAPS mailing list, please specify what country(s) or region you need:

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 _____

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 from a **US bank** and must be **sent to the EXECUTIVE OFFICE**.
FOREIGN BANK CHECKS WILL NOT BE ACCEPTED.

Wire transfers – please contact the Executive Office for wire instructions: isaps@sover.net

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

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

APPLICATIONS must be sent to both the EC Chair and Executive Director:

Renato SALTZ, MD
 Saltz Plastic Surgery
 5445 Highland Drive
 Salt Lake City UT 84117 USA
 Fax / 801-274-9515 Email / rsaltz@saltzplasticsurgery.com

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

FOR OFFICE USE -

The ISAPS Education Council:

APPROVES **DOES NOT APPROVE** this Plastic Surgery Education Program

Comments:

 ISAPS Education Council Chair / date

 ISAPS Executive Director / date