



## INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

### APPLICATION for Endorsed Program 2019

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 surgery **core specialists** only.
2. ISAPS National Secretary in the country where the program is to be held must approve.
3. Applications must be completed by a current, active member of ISAPS.
4. 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.
5. 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.
6. **Organizers are required to include 1-2 presentation(s) from 1-2 ISAPS Board member(s) on the program, or alternatively other ISAPS members in the country, preferable the ISAPS National Secretary, to promote ISAPS' mission and/or also present during the scientific program on any topic in aesthetic surgery.**  
Applications will not be forwarded to the Chair of the Education Council for review without an ISAPS presentation included in the program.

#### **ISAPS Policies – Please review carefully**

1. The ISAPS Executive Committee may approve, change or cancel any endorsement as they feel necessary for any reason, despite the National Secretary's approval or denial.
2. Programs endorsed by ISAPS can only be open to these four core specialties: plastic surgeons, facial plastic surgeons, dermatologists, or oculoplastic surgeons.
3. Program organizers must indicate this restriction in their marketing materials and on the program website and registration forms must require the specialty of the registrant.
4. A violation of ISAPS policies regarding endorsed programs will result in refusal of future endorsements.

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

1. 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.
2. Inclusion in our monthly Calendar eblast sent to the full ISAPS mailing list of more than 28,000 plastic surgeons. Listing will begin when program is endorsed and continue until the month of your program.
3. Inclusion of your program details on the ISAPS website Calendar.
4. Inclusion of your program in the **events listing** in *Aesthetic Plastic Surgery* (mailed six times per year) and in *ISAPS News* (mailed four times a year).
5. Preferred advertising rates in the ISAPS journal and newsletter.
6. We will provide membership materials (display and brochures) and request that the organizer provide free booth space, set up and replenish the booth unless ISAPS staff is present.
7. One-time monthly promotional post including your event information and flyer/graphic to be designed and released by ISAPS and posted to our social media accounts. Additionally, the opportunity to create a 30-60 second video promoting your event to be posted on our YouTube channel. This does not replace your own promotional activities.

**You must enclose all the following items with your application.**

- Letter or email confirming the agreement of the **ISAPS National Secretary** in your country.
  - List of **core specialties** permitted to attend this meeting.
  - Proposed program including faculty and at least one ISAPS presentation.**
  - Statement specifying which sessions are restricted to one or more specialties** and indicate how entry will be controlled for restricted sessions.
  - List of **Organizing Committee** including at least one member of ISAPS.
  - Copy of **publicity brochure** that includes attendance restriction statement- 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.
  - Endorsement Fee payment - \$2,000. We will refund \$1800 if the application is denied. \$200 will be retained by ISAPS for administrative costs.
- 

**Program Title:**

**Meeting Venue (facility and city):**

**Date(s):**

**Total number of Attendees Expected:**

**Sponsoring Society:**

**ISAPS Member Completing Application:**

**National Secretary responsible for program oversight:**

**Intended Audience**

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

\_\_\_\_\_ % **Other Core Specialists** (facial plastic surgeons, dermatologists, oculoplastic surgeons)

\_\_\_\_\_ % **Nurses and other health care personnel** – must attend with their surgeon employer

**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:**

**FAX:**

*Country Code/City Code/Local Number*

**E-mail:**

**Website where program will be promoted (essential to include in the eblast):**

**Endorsement Fee of US \$2,000.00** should be **payable to ISAPS** and enclosed with the application. \$1800 of the fee will be 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: [membership@isaps.org](mailto:membership@isaps.org)

**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: _____ Date: _____</b>	

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

**Ms. Jordan Carney**  
ISAPS Executive Office  
45 Lyme Road – Suite 304  
Hanover, NH 03755 USA  
Fax / 1-603-643-1444 Email / [membership@isaps.org](mailto:membership@isaps.org)

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

**Vakis Kontoes, MD**  
[vakiskont@gmail.com](mailto:vakiskont@gmail.com)

**FOR OFFICE USE**

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

Comments: