

EGYBAC application form

Please carefully complete the following application and submit it at least 3 months before the event.

1 - General information

Type:

Title::

Society / Institution:

Directotor/Chairman:

2 - Contacts

Contact person responsible for this application:

Title :

Name:

Job title:

Address:

Telephone:

Fax:

E-mail

Web site:

3 - The accredited event

Type of Event:

Congress-Conference-Seminar-Lecture-Workshop-Clinical training

Other (please specify) :

Estimated number of active participants:

Venue

Address:

Dates:

Teaching hours:

Please indicate the dates of the event and the number of teaching hours :

(According to the preliminary programme and excluding breaks and commercial satellite symposia).

Registration fee for your event

The standard registration fee is :

4 - Educational objectives and target audience

5 - Programme of the event

Please send a CD containing a copy of the preliminary program and send the final one when available.

Please list the members of the Organizing Committee

Note that they must complete and sign the "Disclosure Form"

Please indicate the respective roles and specify the

Director/Chairman of the Scientific Committee.

Title :

First and last name:

Role in the event :

Institutional Affiliation :

Please add the committee members

Please list the Faculty members

- In case of many speakers and chairs, you can attach the list in a CD (Name, title, country)

Please add the faculty members here.

6 - Commercial support of the EVENT and disclosure of conflict of interest

Please note that all members of organizing committees and faculty have to disclose/indicate potential conflicts of interest.

You should use the "Disclosure Form" for this purpose.

Commercial support for the accredited event

* Will you use commercial support for the event?

If yes, please indicate the type and the origin of this support (name of the company, type of service and form of support: grant, donation, etc.):

Will there be any advertising, exhibitions or stands during your event?

If yes, what kind of advertising (please indicate the company and form of advertising . Please *provide a list of the 10 most important companies exhibiting*):

Are there any satellite programmes/sessions (educational programmes organized by commercial companies) organised during the CME event (Yes/ No)?

If yes, how many satellite sessions will be organised ? Please indicate the number: Please list the companies organising the Satellite sessions:

7 - Quality Assurance of the event

Language:

What will be the working language(s) used during the event?

In which language(s) will the course materials be provided?

In case there are activities in a language other than English, will a simultaneous translation into English be provided?

Yes/ No, all activities are in english

Multimedia

Will you use multimedia teaching methods during the event?

If **yes**, please specify which methods you will use:

**Evaluation of the accredited CME activity by the participants themselves
Please refer to the standard evaluation forms****Assessing the participants' knowledge:**

Are there assessment procedures for the participants (tests, examinations) foreseen in the activity? **Yes No**

If **yes**, give a short description:

Will there be a self-assessment procedure/test proposed to the participants?

At the beginning of the event:

Yes No

At the end of the event:

Yes No

Attendance

Is there a method for verifying attendance?

Yes No

If **yes**, give a short description:

Applicant name:

Mobile:

E-mail:
