

Request for ISCP endorsement of meetings – Non-members

ISCP will be happy to consider your application for endorsement. Please complete the following:

1. Organiser I	Details											
Name:												
Address:												
City:												
Country:												
Postal/ZIP Code:												
Telephone:				Fax:			I	Email:				
2. Requester												
Name:												
Telephone:			I	Fax:			E	Email:				
3. Event				,			'					
Event Title:												
Web address:												
Please specify:	Internati	onal Programn	ne 🗌		Natio	onal 🗌			Regional			Other 🗌
Start date:		/ 🗌 🗎 / 🔲] (dd/r	mm/yyyy)							
Venue Name:												
City:												
Country:												
4. Objectives	1											
Programme obje	ctives:											
Activities:		Workshops [Round Tables	s 🗌	Plenary	y Sessi	ons 🗌	Sym	posia Semir	nars 🗌
Other: (please specify)												
Please provide a co 5. Funding, For Please indicate the s	ees & P	ermissions		uding t	alk titles, nam	e and affilia	ntion of pa	rticipat	ing faculty.			
Government		nal society		ational	society [Private/ph	nilanthrop	ic 🗌	Univers	ty 🗌	Registra	tion fees [
Other:												
(please specify)												

Will the requester grant ISC	Yes	No 🗌	
6. Statement			
Requester statement and/or			
supporting comments:			
Name: (Print)			
Signature:			
Date:			
Once completed, please ret	urn to:		

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