

**Conference Support Program APPLICATION**

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| Conference Organizer (Applicant) | Name:       |
| Affiliation:       |
| Mailing Address:       |
|       |
| Email:       |
| Telephone:       |

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| Conference Information | Name of Conference:       |
| Location:       |
| Target Audience:       |
| Learning Goals:       |
| Expected Attendance:       |
| Agenda: Attach course schedule including names of speakers and titles of sessions as **Attachment A.** |

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| Relevance | How will the program further the mission of the AASM?       |
| How is the program distinct from current educational offerings of the AASM?       |

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| Budget and Funding | Total anticipated expense for program:       |
| Amount requested from AASM:       |
| Funds received from AASM will be used to cover:       |
| Established additional sources of funding:       |
| Potential additional sources of funding:       |
| Attach detailed budget as **Attachment B**. |

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| Attestations | As conference organizer, I agree to use the funds provided by the AASM solely for the purposes listed above and to provide documentation and follow-up as requested by the AASM. The supported program will comply with ACCME requirements for disclosure of conflicts of interest and appropriate use of industry support. The support of the AASM will be acknowledged in written materials advertising the program as well as verbally at the start of the program. |
| Signature:       |
| Date:       |

**Applications for conference support may be submitted to:** cwhittington@aasm.org