International Organization for Medical Physics

www.iomp.org

Application Form for IOMP Support of Events/Programs
[Sponsorship with Funding or Endorsement without Funding]

For endorsement without funding – complete sections marked with * only, other sections are optional

Date of Application:*
Dates of Program:*
Title of Program:*
Requesting support from which IOMP committee: ☐ Education & Training (ETC)   ☐ Science (SC)   ☐ Professional Relations (PRC)
Type of Program:*   ☐ Course   ☐ Workshop   ☐ Scientific Conference   ☐ Other _____
Additional Information: (Theme, activities, background …)*
Host Organization(s)*:
Venue: (University, hospital, institution etc., town, country)*
Program is for:*   ☐ Medical Physicists   ☐ Bio/med engineers   ☐ Other _____
Regions / Countries to be served:*

Total Hours of Program:*	
Theoretical:	**Practical:**
Maximum Number of Estimated Participants:*	**Minimum Number of Estimated Participants:***

Name(s), Affiliation, and Professional Status of Program Director(s):*
Names and Affiliations of Speakers*:
Did you also apply for financial support from regional IOMP affiliations?   ☐ Yes   ☐ No

Rev. Date: April 2010

Total Budget and Sources of Support:

Funding requested from IOMP:

Other support requested from IOMP including the educational/scientific content of the program* ☐ Yes ☐ No If yes, please state areas of interest

Use a separate page to provide more information briefly, including the statement of how this program fits into the mission of IOMP, the reasons why the specific committee should provide support, a description of the aims of the activity (general and specifics), detailed and complete programme contents and timetable if available, a list of support material to be supplied to the students if applicable, a description of the mechanism to be used to record attendance if applicable, and other relevant information.

Assessment and/or Evaluation: Describe methods to be used to assess the results of the Program: *(Post activity survey, evaluation examination…)*

Space reserved for IOMP ETC/SC/PRC
Date received: Date of notification to the institution: Identification Code Number: ………

For Funding - Application MUST be RECEIVED at least 6 MONTHS prior to the START of the Program.

Signatures of Applicants:

_____ _____ _____

Names and Titles of Applicants:

_____ _____ _____

Application requesting IOMP funding must be supported by the Regional Federation or at least 3 neighbouring National Societies. In this case the letters/emails of support from the respective officers of these Organisations have to be attached to this application.