



## ISPRES Endorsement Application

This application will only be accepted for programs that meet all the following criteria:

- Program is sponsored by an ISPRES-recognized organization or member.
- Application must be completed by a current, active member of ISPRES.
- Application must be submitted to ISPRES for approval prior to listing ISPRES endorsement in any printed materials or on any website.
- It is not permitted to indicate that endorsement has been requested. Endorsement must be confirmed before using ISPRES name or logo.

*Please allow at least one week for the approval process and plan your publicity efforts accordingly.  
Application and fee must be sent 8+ weeks prior to the meeting.*

### **If ISPRES endorses your meeting, ISPRES will provide for your organization:**

- Use of the **ISPRES endorsed logo for this meeting** and an **official endorsement statement** to include 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.
- **One ISPRES designed email** sent to the comprehensive ISPRES email list at no charge. Additional emails to promote the meeting may be requested at \$100 each.
- Inclusion of your program details on the ISPRES website and social media channels.
- Listing of meeting on the ISPRES website

### **You MUST enclose ALL of the following items with your application before it will be reviewed.**

1. Letter of request from the Program Chairman, President, or CEO of the sponsoring organization
2. Copy of proposed program including invited and/or confirmed faculty
3. Copy of publicity brochure, a draft is acceptable
4. List of all planned uses of ISPRES logo
5. Fee payment



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## APPLICATION Meeting Endorsement

Meeting Title:

Location:

Date(s):

Number of Attendees Expected:

Sponsoring Organization:

Intended Audience:

Will commercial exhibits be present?

YES  NO

Funding Sources

Registration Fees  Industry support  Educational Grants  
 Social Fees  Other, please specify:

*Check all that apply*

Program will be organized by:

Institution, Hospital, Clinic  Professional Congress Organizers  
 National Society Staff  Individual  
 Other:

Name of PRIMARY Contact:

Department:

Affiliation/Company/Organization:

Street Address:

City:

State or Province:

Country:

Postal Code:

Telephone:

*Country Code/City Code/Local Number*

FAX:

*Country Code/City Code/Local Number*

E-mail:

Website address where program will be promoted:

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_



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**Endorsement Fee of US \$1,500.00** should be **payable to ISPRES** and enclosed with the application.  
\$150 will be retained to cover administration costs and the remainder of the fee will be  
refunded if the program is not approved for any reason.

**Wire Transfer:** Application and proof of payment must be emailed to [membership@ispres.org](mailto:membership@ispres.org) for  
consideration

**If paying by Check:** Application and check must be mailed to ISPRES Executive Office 444 East  
Algonquin Road, Arlington Heights, IL, 60005, United States

**APPLICATION AND FEE MUST BE RECEIVED 8+ WEEKS PRIOR TO MEETING**

**FOR OFFICE USE -**

Endorsement Status:

APPROVES

DOES NOT APPROVE

Comments: