

Application form
Small Conferences, Courses or Symposia



International Society for
Cerebral Blood Flow & Metabolism

Name of Event: _____

Chief Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

ISCBFM membership number: _____

Officers of Organization:

Date of Meeting: _____

Proposed Topics:

ISCBFM Associated/Related Society: Yes No

Length of Meeting: _____

Projected # of attendees: _____

Location: _____

Facility: _____

Registration costs: _____

Meeting Budget

Revenue:		
Registration		
Sponsorships		
Other		
Total Revenue		
Expenses:		
Speakers		
Space Rental		
AV Rental		
Food & Beverage		
Printing		
Other		
Total Projected Expenses		

Total Sponsorship Amount Requested _____

(Please note any sponsorship request must include the budget worksheet on page 2.)

Describe the benefits of this meeting to ISCBFM members:

Describe how this meeting will benefit ISCBFM:

Sources of Funding (*Other than Registration and/or ISCBFM Sponsorships*)

Will there be Exhibitors? Yes No

Is accreditation available? Yes No

Other sponsors/endorsees:

As part of any financial support, ISCBFM requires that acknowledgement of our support be made in the program, and that ISCBFM materials (Society information, membership information, meeting information, etc.) be on display. Materials will be sent to the chief contact person.

A final meeting report for ISCBFM's web site is also strongly encouraged.

Please submit application and current program to the ISCBFM Administrative office:

FASEB
9650 Rockville Pike
Bethesda, MD 20814-3998 USA
Phone: 301-634-7001
Fax: 301-634-7099
Email: iscbfm@faseb.org
Website: www.iscbfm.org