

International Society for Heart and Lung Transplantation
2010 Annual Meeting and Scientific Sessions
Call for Symposium Proposals
Submission Deadline: August 3, 2009

Guidance on completion of this form

1. It is recommended that the subject and content of any symposium proposal be discussed with a group of ISHLT members or Scientific Council members from within the same discipline area before being submitted for consideration.
2. **Program committee members MAY NOT participate in the development of any proposed symposia that pertain to an area in which they have ANY relevant financial relationship.** Financial relationships are broadly defined and include serving as an institutional PI on a grant, receiving travel and meeting registration subsidies or reimbursements, serving on a company advisory board, serving on a speaker's bureau, etc.
3. Suggested speakers should be selected from the ISHLT membership whenever possible. If an expert who is not a member is suggested, please provide adequate justification.
4. Please identify a back-up speaker for each speaker suggested
5. This form must be completed in its entirety in order to be considered. Incomplete forms will not be reviewed.
6. Completed forms should be e-mailed to lisa.edwards@ishlt.org no later than August 3, 2009.
7. The ISHLT scientific program committee will carefully assess the submissions but reserves the right to amend the content to fit with the overall program content.
8. All forms must be typewritten. Hand written forms will not be accepted.

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Submission Form

Symposium Title (max 8 words): _____

Please state the **Educational Need or Practice Gap** which this session addresses and provide a citation or reference documenting the gap that this symposium is designed to address: _____

Target Audience: (PLEASE CHECK ALL THAT APPLY):

- | | | | |
|------------------------------|--------------------------|---------------------|--------------------------|
| Pulmonologists | <input type="checkbox"/> | Social Scientists | <input type="checkbox"/> |
| Cardiologists | <input type="checkbox"/> | ID Specialists | <input type="checkbox"/> |
| Cardiothoracic Surgeons | <input type="checkbox"/> | Clinical Scientists | <input type="checkbox"/> |
| MCS Surgeons/Physicians | <input type="checkbox"/> | Basic Scientists | <input type="checkbox"/> |
| Transplant Co-ordinators | <input type="checkbox"/> | Pathologists | <input type="checkbox"/> |
| Transplant Specialist Nurses | <input type="checkbox"/> | Fellows | <input type="checkbox"/> |
| Other (please state): _____ | | | |

Full name, degree, institution, city, state, country, and email address must be listed for every speaker. Note that symposium times range from 60 to 90 minutes. Please include the appropriate number of speakers for the desired session time. Excess speakers will be removed at the discretion of the program committee.

Speaker 1.....

Back-up 1.....

Presentation Title.....

Presentation Description: _____

Presentation Duration.....mins

Speaker 2.....

Back-up 2.....

Presentation Title.....

Presentation Description: _____

Presentation Duration.....mins

Speaker 3.....

Back-up 3.....

Presentation Title.....

Presentation Description: _____

Presentation Duration.....mins

Speaker 4.....

Back-up 4.....

Presentation Title.....

Presentation Description: _____

Presentation Duration.....mins

Speaker 5.....
Back-up 5.....
Presentation Title.....
Presentation Description: _____
Presentation Duration.....mins

Speaker 6.....
Back-up 6.....
Presentation Title.....
Presentation Description: _____
Presentation Duration.....mins

Please provide justification for your choice of speakers and back-ups (such as scientific references, guidelines or status in the field):

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Proposal Submitted by:

Name.....

Institution:

City: State: Country:

Telephone: E-mail address.....

Submitted on Behalf of Which Scientific Council (if any)