

**APPLICATION FOR AN**

**ISHLT In-Kind Education Grant for an Educational Activity**

**Instructions:**

* This Application MUST be submitted by an authorized staff member of the not-for-profit organization responsible for conducting the educational activity.
* Submit this completed Application to Amanda.rowe@ishlt.org **no less than 18 months** prior to the planned date of the meeting.
* Please read the ISHLT policies regarding In-Kind Education Grants carefully before completing the application. (<http://www.ishlt.org/ContentDocuments/Policy_Regarding_ISHLT_In-Kind_Educational_Grants_to_Other_Organizations.pdf>
* Applications which do not adhere to these policies will not be approved.

**1. Name, Title, and Contact Information of authorized staff member submitting the Application:**

**2. Name of Organization conducting the educational activity:**

**3. Website of Organization conducting the educational activity:**

**4. Proposed Name of the educational activity:**

**5. Proposed Date(s) of the educational activity:**

**6. Proposed Location and Venue of the educational activity:**

**7. Has a similar educational activity been conducted previously by your organization?**

**\_\_\_yes \_\_\_no**

**8. If yes, provide copies of the programs for those activities.**

**9. Will this educational activity be conducted jointly with any other organizations / institutions / companies?**

**\_\_\_yes \_\_\_no**

**10. If yes, list the organizations / institutions / companies and describe their involvement:**

**11. Have any program committee members or speakers already been selected?**

**\_\_\_yes \_\_\_no**

**12. If yes, list their names, institutions, and professional degrees:**

**13. Has any work already begun to develop the educational content of the activity?**

**\_\_\_yes \_\_\_no**

**14. If yes, provide a copy of the work done to date.**

**15. Will endorsement or sponsorship of this educational activity be sought from any other organizations / institutions / companies?**

**\_\_\_yes \_\_\_no**

**16. If yes, list the organizations / institutions / companies whose endorsement/sponsorship will be sought:**

**17. Explain the need, purpose, and value of an ISHLT In-Kind Education Grant for your organization and for this educational activity:**

**18. Describe the professional specialties and level(s) of expertise of the target audience for which this educational activity will be designed:**

**19. What educational accreditation will be provided to the attendees of this educational activity?**

**20. Will registration be open to all or invitational? \_\_\_Open to all \_\_\_Invitational**

**21. Describe the policies in place to collect information regarding potential conflicts of interests of speakers, chairs, and program development committee members, and the method of mitigating any potential bias or industry influence over content:**

**The following MUST accompany your Application:**

* An Application Fee of US $200, payable in US dollars
* A budget, including the anticipated # of attendees, proposed registration fees, proposed exhibit fees, proposed commercial support / sponsorship fees, the anticipated revenue from each source, and expenses by category
* Complete list of companies who will be asked to provide financial or in-kind support for the meeting or for individual program committee members, speakers, and chairs
* A list of all of the social media accounts (Facebook, Twitter, LinkedIn, etc.) where the educational activity will be promoted, and instructions on how to follow them

**If an in-Kind Education Grant is provided, a post-meeting report including the following must be submitted within 90 days of completion of the educational activity:**

* Post- meeting evaluation results
* List of delegates, including full name, institution, mailing address, email address, professional specialty
* List of exhibitors, including contact name, company name, mailing address, email address
* Final list of industry sponsors/supporters including contact information and details of support provided
* Copies of all print and digital publicity / social media distributed for the meeting
* Final spreadsheet showing all meeting-related income and in-kind support and all meeting-related expenses

My signature below signifies that the information provided herein is accurate, that I have been authorized by the organization listed above to submit this Application on their behalf, and that this educational activity will be developed and conducted in compliance with all of the ISHLT Policies regarding In-Kind Education Grants.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_