**MAIN POINT OF CONTACT DETAILS**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Affiliation |  |
| Work Address |  |
| Country |  |
| Contact Email address |  |
| Are you a fully paid EPNS member? **mandatory** | YES/NO |
| When you submit this application form, you confirm you will send your CV and a description of the role you play at a national level in the field of paediatric neurology. **mandatory** | YES/NO |

**EVENT DETAILS**

|  |  |
| --- | --- |
| Event name |  |
| Type of event (e.g. training course, symposium, topic specific meeting, congress) |  |
| City |  |
| Country |  |
| Event start date |  |
| Event end date |  |
| Does the event clash with any EPNS events? Check <https://www.epns.info/meetings/>  | YES/NO(Note: EPNS **cannot endorse** events taking place at the same time as EPNS events  |
| Official language of event |  |
| Any simultaneous translation?  |  |
| Background outline about the event including main topics to be covered: |  |
| Latest programme (please attach) |  |
| Latest advert about the event (attach) |  |
| Target audience |  |
| Registration fee per person (in Euros) |  |
| How many bursaries will be offered, and what will the bursary provide? (Note: the EPNS strongly recommends bursaries are made available to trainee delegates and delegates from resource poor countries) |  |
| Estimated number of attendees |  |
| Event website |  |
| Expected number of presentations (invited, plenary, parallel, poster, etc) |  |
| Is this conference one in a series of event? **If yes, provide for last event:*** final number of attendees
* final number of presentations
* has the EPNS endorsed any previous event? If so, what was provided EPNS?
 | Yes/no |

**EVENT ORGANISER DETAILS**

|  |  |
| --- | --- |
| Event Chairperson Name |  |
| Affiliation |  |
| Work address |  |
| Country |  |
| Contact email address |  |
| Name of the organising society/association |  |
| Website for the organising society/association |  |
| List programme committee chairs/members with affiliation |  |
| List invited speakers with affiliation, please note which speakers have been confirmed  |  |
| List other societies co-sponsoring or cooperating on this event, if any. Please note which have been confirmed and which have been invited. |  |
| Is the event and/or are the delegates sponsored by Industry, Government, other sources? |  |
| Is the meeting endorsed by a National Child Neurology Society?  | **YES/NO (please delete)****If yes:**Name of Society:Society Contact Name:Society Contact Email: |

**Conditions**

|  |
| --- |
| As a condition of approval, organisers agree to the following:* Acknowledged the EPNS on promotional pieces for the event. Suggested wording: “This event is endorsed by the EPNS”.
* Provide the EPNS with the opportunity to display literature at the event.
* Provide a final brief report which can be shared with EPNS members.
 |
| In turn, the EPNS will provide the following: * List the event as an "EPNS Endorsed" event on our EPNS website
* Include the event in a member e-newsletter
* Provide you with the EPNS logo for your promotional materials
 |
| It is understood that the EPNS shall bear no financial, organisational or legal responsibility for any aspect related to any endorsed event. Endorsement of an event does not indicate endorsement of any publication or consensus that results from the event. |
| **Please indicate you confirm that the given information is correct and agree to all the above conditions:** **YES / NO** |