

## **EFIM - European Federation of Internal** Medicine

## **Application for EFIM Event Endorsement**

To be submitted to EFIM Headquarters	s at <u>info@efim.org</u>			
	General Inforn	nation		
Title of the event / meeting:				
Target audience:		_		
Objectives (max 150 words)				
Is the organization of the meeting / event recurrent?				
	Meeting Orga	nisers		
Meeting Organisers:				
Primary contacts:				
Address:		_		
Email:		_		
Phone:		_		
EFIM Member		_		
□ Yes	□ No			
Logistical information				
Dates and timing Starts on:				

Ends	on:		
Venu	e:		
Atter	ndance: (estimated number)		
	uage: programme will be presented in:		
	English only	Others: (Plea	se specify:)
		Programm	e
	se submit detailed programme in att		sociatios and enoncors
	Collaboration with o	ther medical	societies and sponsors
Is co	llaboration with another medical soc	ciety intended	?
	Yes (Please specify which societies)	_	
	NoClick here to enter text.		
Is th	e industry intending to sponsor the r	neeting?	
	Yes (Please specify which companies)		
	NoClick here to enter text.		
	R	Registration I	Fees
	Full rate:	_	
	Reduced rate:		

CME Accreditation						
Is the event / meeting accredited: $\Box$						
Please specify the name of the Accreditation Board:						
How many CME credits can participant received:						
No, the event is not accredited $\square$						
Conflict of interest  EFIM will charge a fee for endorsement. The fee will be based upon several criteria. Sponsorship and the size of the meeting are the most important criteria.						
The meeting organisers must provide fully completed and signed Meeting Endorsement application agreeing to EFIM's conditions for endorsement:						
Date of submission:						
Name of the organisers:						
Signature:						