

**ISHLT APPLICATION FOR A**

**Joint Educational Symposium at**

**Another Organization’s Meeting**

1. **Submitter’s Name:**
2. **Today’s Date:**
3. **Are you an Educational Workforce Leader or Officer of an ISHLT Scientific Council?**
4. **If yes, which Council?**
5. **If no, what is your relationship with ISHLT?**
6. **If you have communicated with one or more of the ISHLT Scientific Council Education Workforce Leaders before submitting this application, please list the name of the individual you have communicated with:**
7. **Full Name of Meeting at which joint symposium would be held:**
8. **Date of Meeting at which joint symposium would be held:**
9. **Location of Meeting at which joint symposium would be held:**
10. **Full Name of Organization Hosting the meeting**:
11. **What is your relationship with the Host organization?**
12. **Date by which final symposium content and speakers must be approved by the Host organization:**
13. **Name, Title, and complete contact information of the approving staff member or, if no staff, the elected leader of the Host organization:**
14. **Working Title or Scientific Focus of Joint Symposium**:
15. **Target Audience:**
    1. **Professional specialties**:
    2. **Geographic location(s)**:
    3. **Level of expertise**:
16. **By signing the below, you are confirming that the proposed Host Organization’s Governing Body has** **reviewed and agrees to abide by ISHLT’s** [**Policies Governing Joint Educational Symposia at Other Organization’s Meetings**](http://ishlt.org/ishlt/media/documents/POLICIES_for_Joint-Symposia_at_Other_Organizations_Meetings_1-13-2019.pdf) **and has approved the submission of this application**:

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Signature Printed Name Date