REQUEST FOR ACEP ENDORSEMENT OF INTERNATIONAL CONFERENCE
American College of Emergency Physicians
Post Office Box 619911  Dallas, Texas 75261-9911     800-798-1822

Date Submitted:________________________________ Conference Date:______________________
Conference Title:_____________________________________________________________________________
Conference Location: Venue:__________________________________________________________________

City   State/Province   Country   Postal Code
Primary Planning Organization:________________________________________________
Name of Conference Secretariat:________________________________________________
Conference Secretariat Phone:_______________   Fax:_______________   Email:__________________________
Registration Address:__________________________________________________________________________

City   State/Province   Country   Postal Code
Registration Phone:_______________   Fax:_______________   Web Site:______________________________
Requestor: Name:_____________________________________ Requestor Title:________________________
Address:______________________________________________________________________________________

City   State/Province   Country   Postal Code
Requestor Phone:_________________________   Requestor Email:____________________________________
Requestor Signature:___________________________________________________________________________
Anticipated Number of Participants:__________  Target Audience:_____________________________________
Please include the following with your request:
  Promotional Brochure:___   Conference Time Schedule:___   Conference Goals:____
  Statement of Summary Showing Conference has Significant Education Value:___
  List of Other Sponsoring Organizations:___
Name of ACEP International Section Member Participating in Conference Planning:_______________________

For Internal Use:     ACEP Action Taken
Date Request Sent to Internatl Section Steering Ctte and Internatl Educ. Subctte:_________________________
Committees Recommendation: _____Approved   _____Not Approved   Comments:__________________________

Date Recommendation Sent to ACEP President:_____________________________________________________
   _____Approved:   _____Not Approved   Comments:________________________________________________

Date Requestor Notified of Approval/Nonapproval:__________________________________________________
Date Follow-up Report Received:______________________________