Applicants Details

Title and brief description of event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name and address of organization responsible for the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of person to contact in relation to this application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person responsible for this event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Event date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event Website link\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of expected attendees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately what percentage of audience will be Local\_\_\_\_\_Regional\_\_\_\_\_\_National\_\_\_\_\_\_International\_\_\_\_

Please indicate if this event will provide CME credits Yes □ No □

If yes, from which organisations: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What teaching methods will be used? □Case studies □Tutorials □Experimental

□Experiential □Lectures □Workshops □Discussion groups

□Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the intended Geriatric Oncology leaning objectives for this event?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What evaluation procedures will be used to find out whether the intended Geriatric Oncology objectives have been achieved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate the main language of the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the SIOG members involved in the Scientific Programme Committee of the event (Name & Email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has this event received any financial support? Yes □ No □

If your answer is yes, please indicate sponsor names and the level of this support as an approximate percentage of the total budget of the event:

Commercial organizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Academic organizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that a 25% reduction fee for SIOG members is now mandatory

Will you provide this benefit? Yes □ No □

Please note that the organisers must agree to provide SIOG with slides/webcast of the lectures/sessions

Please indicate whether you agree to this Yes □ No □

Application procedure

1. Completed applications for the SIOG Auspices “Event” must be received 5 months prior to the event. *English-language translation must be provided if the program is written in a non-English format* (this is so the committee members can review)

Applications received later than 3 months beforehand will not be accepted.

2. A copy of the educational program, in English, must be submitted with this application. Please note that the subject of the event falls within the scope of [SIOG Mission and Strategic Objectives](http://www.siog.org/index.php?option=com_content&view=article&id=107&Itemid=133)

3. An administration fee of 1'000 EURO should be paid to SIOG for processing this request. Please refer to payment details below. (NB: For Lower and Middle income countries, the fee is reduced at 500 EURO)

4. Organisers must provide certificates of attendance to participants with the mention “event under the auspices of SIOG”

5. A 25% reduction on registration fee for SIOG members is mandatory. This must be present on registration materials.

6. SIOG auspices will not be awarded to events that are primarily promotional. An event receiving 50% sponsorship from one sole company will NOT be considered for the auspices.

7. Email addresses of speakers should be provided to SIOG (if the privacy policy of the organizing country allows it. Otherwise designated speakers should be contacted upon request of SIOG for contribution to SIOG's activities).

8. The event does not carry any tobacco or alcohol related advertising

9. All event material carries the official SIOG logo with the specific mention “under the auspices of SIOG” and the SIOG Logo should be used in compliance with the SIOG logo policy listed on the next page.

10. Unless mutually agreed by both parties, the event does not entail any financial obligation for SIOG

11. Organizers should send a brief post-event report (500 words and pictures – if possible) to the SIOG Head Office 30 days after the event.

International Society of Geriatric Oncology Logo Policy

The International Society of Geriatric Oncology (SIOG) logo, and other SIOG event logos, may only be used for the purpose specified upon written consent from SIOG.

If you wish to use the International Society of Geriatric Oncology (SIOG) logo, please contact the SIOG Head Office for application materials and permission to reproduce the logo.

With written permission from the International Society of Geriatric Oncology (SIOG) Head Office, the SIOG logo may be used in marketing collateral, product announcements, reports, published articles, and advertising copy in print and on the Web.

The SIOG logo must be used in the proper form (as shown below):



Colors references

C66, M44, J0, N0

PANTONE 7456 C

R123 | V137 | B198

□ I, the undersigned, verify that I have read the aforementioned application procedure for awarding of the SIOG auspices and the SIOG logo policy, and that I agree to abide by these criteria.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(individual responsible for the event)*

Payment details

**Administration Fee= 1'000€ or 500€**

Please make the payment to the following bank account

Bank: UBS (35, rue des Noirettes, CH-1227 Carouge/Geneva, Switzerland)

Account No: 759 476.60C

In the name of: SIOG, 1-5 route des Morillons, PO Box 2100, 1211 Geneva 2 - Switzerland

Sort code: 240

IBAN: CH62 0024 0240 7594 7660C

SWIFT (BIC): UBSWCHZH80A

For Office use only

This event

□ Has been awarded the SIOG auspices □ Cannot be awarded the SIOG auspices

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to by email or fax

**International Society of Geriatric Oncology (SIOG)**

1-5 Route des Morillons, PO Box 2100

1211 Geneva 2, Switzerland

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[www.siog.org](http://www.siog.org)