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

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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 to the session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if this session is part of a CME accredited events Yes □ No □

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

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

What teaching methods will be used in the session? □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 session?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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/session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate any languages in which simultaneous translation will be available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the SIOG member(s) who will be acting as Chair and/or Coordinator of the session or supporting the session (Names & Emails)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the overall 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application procedure

1. Completed applications for the SIOG Endorsement must be received 5 to 3 months prior to the event. *An 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.

3. An administration fee of 600 EURO should be paid to SIOG for processing this request. Please refer to payment details below. (NB: For Low and Middle income countries, the fee is reduced at 300 EURO)

4. Organisers must provide certificates of attendance to participants.

5. SIOG endorsement 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 endorsement.

6. The SIOG Logo with the mention “SIOG Endorsed Session” must only be placed next to the programme of the session.

7. The SIOG Logo should be used in compliance with the SIOG logo policy listed on the next page.

8. Organizers should send a brief post-event report 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= 600€ or 300€**

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)**

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Email: [info@siog.org](mailto:info@siog.org) [www.siog.org](http://www.siog.org)