



ERA-EDTA ENDORSEMENT APPLICATION

Full Name of the Event

Dates and Venue of the Event

Web-site of the Event

Number of faculty members _____

(Please provide the full list with NAME, FAMILY NAME, GENDER, AGE* and COUNTRY)

Percentage of international speakers _____

Number of male speakers _____ and female* speakers _____

Number of expected attendees _____

Actual number of attendees _____

(You must provide this information by email AFTER your event; Non-compliance with this request will downgrade your future applications)

*The ERA-EDTA wishes to incentivise the involvement of young people and women in the faculty panel.

CONTACT INFORMATION FOR THE EVENT

First name and Last name

Full postal address

City

Postal code

Country

Phone

Fax

Email

We hereby ask the ERA-EDTA Council to give the ERA-EDTA endorsement to the above mentioned event. We have read the "Endorsement Rules" and we agree with them.

Signature _____

In order to promote and advertise ERA-EDTA initiatives, you are kindly required to put ERA-EDTA promotional material ON DISPLAY during your event. The ERA-EDTA will provide the event organizers with fliers and booklets in due time and bear the shipment costs.

Please, specify where you want to receive ERA-EDTA fliers and booklets

Full mailing address; full name of contact person; phone; fax and email

Please, return this form to the **ERA-EDTA Operative Headquarters** Via XXIV Maggio, 38 - 43123 Parma (ITALY) secretariat@era-edta.org; fax: +39 0521-959242 no later than one month prior to the event.