EUROSPINE Branded Session – Application Form

Thank you for your interest in hosting a EUROSPINE Branded Session at your Annual Meeting. Please complete this application form in full to ensure proper evaluation.

Please send the form to: meetings@eurospine.org / Sandrina Schempp

## Basic Information

|  |  |
| --- | --- |
| Society Name |  |
| Country/Region |  |
| Reach (International/National/Regional) |  |
| Specialty of the Association |  |
| Society Status (main society, subspecialty society) |  |
| Website |  |
| Year Established |  |
| Number of Members  |  |
| Vision Statement (1 sentence) |  |
| Annual Meeting Name & Website |  |
| Meeting Size (No Delegates) |   |
| Social Media Reach |  |
| Cooperation intent |  |
| Travel Costs for EUROSPINE speakers will be covered yes / no |   |
| Accommodation costs for EUROSPINE speakers will be covered yes / no |   |
| Registration fee for EUROSPINE speakers will be waived |   |
| Any additional benefits that can be offered to EUROSPINECore strategic partnershipImportant partnership in one specific areaEUROSPINE educational Ambassador courseOther: |   |
| Do you wish to propose specific EUROSPINE Faculty? (Yes/No):• Name 1:• Name 2:• Name 3:• Name 4: |  |
| Potential further areas of Collaboration:MembershipAnnual MeetingResearchEducation / EduWeekSpine Tango |  |