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](mailto: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 EUROSPINE Core strategic partnership  Important partnership in one specific area  EUROSPINE educational Ambassador course  Other: |  |
| Do you wish to propose specific EUROSPINE Faculty? (Yes/No):  • Name 1:  • Name 2:  • Name 3:  • Name 4: |  |
| Potential further areas of Collaboration:  Membership  Annual Meeting  Research  Education / EduWeek  Spine Tango |  |