# EUROSPINE Ambassador Course – Host Society Application Form

Thank you for your interest in hosting a EUROSPINE Ambassador Course. Please complete the form below to help us evaluate your proposal and align the content with the needs of your community.

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

## 1. Host Society Information

* Full Name of Society:
* Country / Region:
* Number of members of host society:
* Website (if applicable):
* Primary Contact Person:
* - Name:
* - Email:
* - Phone Number:
* - Position in the Society:

## 2. Local Co-Host Information

* Name of Local Co-Host (Scientific Lead or Course Director):
* Institution / Affiliation:
* Email Address:
* Phone Number:
* Brief Description of Role in the Event:

## 3. Local Meeting Details

* Title/Name of the Local Meeting:
* Dates of the Meeting:
* Venue / City:
* Is this meeting open to international participants? (Yes/No):
* Website or Link for the Event (if available):

## 4. Expected Attendance

* Expected Number of Participants in the EUROSPINE Session:
* Expected Total Number of Participants for the Overall Meeting:
* Target Audience: (e.g. spine surgeons, orthopedic surgeons, neurosurgeons, physiatrists, residents, allied health professionals)

## 5. Meeting Theme & Scientific Interests

* Theme or Focus of the Local Meeting (if any):
* Preferred Topics for EUROSPINE Session:

## 6. Suggested Format for the EUROSPINE Session

* Preferred Format: (e.g. lectures, case-based discussions, hands-on workshops, panel sessions)
* Proposed Duration of the EUROSPINE Session: (e.g. half-day, full-day)
* Preferred Date/Time within the Meeting Agenda for EUROSPINE Session:

## 7. Proposed EUROSPINE Faculty

* Do you wish to propose specific EUROSPINE Faculty? (Yes/No):
* - Name 1:
* - Name 2:
* - Name 3:
* - Name 4:

## 8. Additional Notes or Requests

* Do you require CME accreditation for the EUROSPINE session? (Yes/No):
* Translation Services Needed? (Yes/No; if yes, specify the language):
* Other comments or special requests:

## 9. Sign-off

* Name of the Authorized Representative:
* Position in the Society:
* Date of Submission:
* Signature (if required):