EUROSPINE Meeting Endorsement – Application Form

Thank you for your interest in obtaining EUROSPINE endorsement for your scientific meeting. Please complete this application form in full to ensure proper evaluation.

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

# 1. Event Information

• Title of the Meeting:

• Date(s):

• Location (City, Country):

• Expected Number of Participants:

• Website or Event Link:

# 2. Organizing Society

• Full Name of the Organizing Society:

• Contact Person (Name, Email, Phone):

• Description of Society and Its Activities:

# 3. Program Details

• Brief Overview of the Program Structure / Link to Programme:

• Scientific Topics to Be Covered:

• List of Confirmed or Invited Faculty/Speakers: Please attach to the email.

• CME Accreditation Planned? (Yes/No):

# 4. Alignment with EUROSPINE

• How does the meeting align with EUROSPINE’s mission and values?

• How are high scientific and ethical standards ensured?

• How will EUROSPINE be acknowledged in materials?

# 5. EUROSPINE Representative

• Do you agree to include a EUROSPINE representative (speaker, moderator, or advisor)? (Yes/No)

• Preferred Role or Topic for EUROSPINE Representative:

# 6. Additional Information

• Any Sponsorships or Financial Partners Involved:

• Any Other Comments or Special Requests:

# 7. Submission

• Name of Authorized Representative:

• Position in the Organizing Society:

• Date of Submission:

• Signature (if required):