

**IUGA REGIONAL SYMPOSIUM PROPOSAL**

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| --- | --- |
| **Local Host Organization(s)/Society(s):** |  |
| **Local Chair(s):** |  |
| **Submitted by:** |  |
| **Email address(s):**\*please note the preferred contact address |  |
| **Telephone** (with country code) **Landline and /or mobile:** |  |
| **Address:** |  |
| **Complete list of Local Organizing Committee Members (Please include a CV for each member of the organizing committee. Use additional sheets if necessary to include all members of the organizing committee.)** |
| **Name:** | **Email:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **Local English-speaking contact(s) who will be the main connection with the IUGA office (this may be a member of the Local Organizing Committee):** |
| **Name:** | **Email:** |
|  |  |
| **Proposed City, Country:** |  |
| **Proposed Dates of Meeting:** | **First choice:**  |
| **Second Choice:** |
| **Estimated # of attendees:** |  |
| **Meeting Venue (If you have photographs or a website link for the venue, please include that with this form.** |  |
| **Venue Address:** |  |
| **Venue Contact Name:** |  |
| **Venue Contact Email:** |  |
| **Venue Telephone** (with country code)**:** |  |
| **Please explain the need for additional urogynecology education in your region. Potential items to discuss include: Number of specialty-trained urogynecologists; current services that are available; specific areas of expertise that are lacking; potential impact of educational program on trainees etc.**  |  |
| **Please provide a list of desired workshops and potential faculty for each.** | **1.****2.****3.****4.****5.****6.** |
| **Please provide a list of specific topics that you wish to cover in your Regional Symposium.**  | **1.****2.****3.****4.****5.****6.****7.****8.****9.****10.****11.****12.****13.****14.** |
| **Please provide a list of local/regional and international speakers that you wish to invite and include the desired topic for presentation.** | **LOCAL/REGIONAL SPEAKERS + TOPIC****1.****2.****3.****4.****INTERNATIONAL SPEAKERS + TOPIC****1.****2.****3.** |
| **Following the approval of this proposal by the IUGA Board, the IUGA Office will work with the Local Organizing Committee to draft a budget. Please submit a draft budget for the symposium*.***  |
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*Please submit this form to the IUGA Office at office@iuga.org.*