**
IUGA EXCHANGE PROGAM PROPOSAL**

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| **Local Host Organization:** |  |
| **Submitted by:** |  |
| **Email address(s):**\*please note the preferred contact address |  |
| **Telephone** (with country code) **Landline and/or mobile:** |  |
| **Fax #** (with country code)**:** |  |
| **Address:** |  |
| **Other 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.** |  |
| **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)**:** |  |
| **Venue Fax** (with country code)**:** |  |
| **Would this eXchange program be delivered at a basic or advanced urogynecology level (or both)?** |  |
| **Please submit:****A draft program for the symposium*.* This proposal cannot be considered complete without a draft program outline. It should include the topics that the local organizing committee believes would be the most useful for potential attendees. In the appropriate part of the program it is possible to include the names of potential international, regional and local speakers, but it is not necessary to identify these speakers at this time.****A draft budget of expected local expenses and revenues. Please use the budget form provided with the eXchange Program Guidelines.** |

Lastly, please provide the information requested below. This information will be very helpful for IUGA to decide whether to proceed with the eXchange Program:

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| **Political situation (Please describe the political and social situation in the location where the eXchange Program is proposed.)** |
| Comments: |
| **Commitment and responsiveness of the lead local organizer (Please provide a letter from the local lead organizer that includes a commitment to devote the needed time to the organization of the session.)** |
| Comments: |
| **Likelihood that a national urogynecological association will be formed in the near future (Please provide evidence as to whether this is under serious consideration.)** |
| Comments: |
| **Strength of the local organizer team involved (Please include CVs for the main people on the organizing team, if different than the Local Organizing Committee identified on page 1 above.)** |
| Comments: |
| **Presence of a supportive national ob/gyn society (Please provide a letter from the national ob/gyn society regarding their support for urogynecology in your country and for this program.)**  |
| Comments: |
| **Need for introductory and basic urogynecology practices. (Provide information that shows the level of delivery of urogynecology services in the country. This could include factors such as: the types of services currently being provided and by whom; and, the degree to which urogynecological disorders are specifically screened for in general obgyn clinics.)**  |
| Comments: |
| **Number of local resource persons who can be involved in the presenting as part of the program (Identify the persons and what they would be able to speak about. Please include a short CV for these individuals.)** |
| Comments: |

*Please submit this form to the IUGA Executive Office at* *education@iuga.org**.*