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| Title of the Satellite Meeting |
| Expression of interest |
| Names of the proponents |

# Details of the proposal

**Proposed Title of Satellite Meeting:**

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**Details of the Contact Person of the Proposal** (all correspondence will be directed to this person/address)

|  |
| --- |
| *Name*:  |
| *Organization:*  |
| *Postal address:*  |
| *Email:*  |
| *Telephone:*  |
| *Other persons involved in the proposal:*  |

**Details of the scientific meeting**

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| *Brief background and aims of the satellite meeting*:  |

**Draft program**

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| Investigator participant list: |

**Organization details**

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| *Proposed Location and Venue*:  |
| *Preferred starting date:*   |
| *Preferred finishing date:*  |
| *Expected number of participants:* Minimum \_\_\_\_\_\_ to Maximum\_\_\_\_\_\_\_\_ |
| *Expected cost for each participant:* ISBNPA member\_\_ \_\_\_; Student\_\_\_\_; Non-member\_\_ \_ |

**Previous experience in running scientific meetings.**

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| *Please advise if you have had previous experiences in running conferences, workshops, symposiums*:  |

**PLEASE RETURN BY November 8, 2024**

**Return email address to:** **executivedirector@isbnpa.org**