



Please refer to the EndocrineDirect™ Licensing Program Business Plan and Package document for details, or contact licensing@endocrine.org

APPLICANT INFORMATION

Organization Name _____ Organization Legal Status: Nonprofit Profit

Organization Address _____

Organization Phone Number _____

Organization Email _____

Organization URL _____

Contact Name _____

Contact Phone Number _____ Contact Email _____

EVENT INFORMATION

Location _____ Date(s) _____

Proposed Event Planning Committee Members (please include professional affiliations and indicate Endocrine Society membership)

Are you interested in a multi-year contract? Yes No

Anticipated number of attendees _____

Geographic location of the attendees _____

Official language of the event _____

Format: Live Hybrid Virtual

Event URL _____

Will you organize the event yourself? Yes No

If no, please indicate contact information of the third-party company _____

PROPOSAL

Summarize your experience in organizing medical conferences

Summarize your knowledge of the Endocrine Society and the endocrinology field

Describe how you will promote the event and generate the necessary funding for this event

The EndocrineDirect™ base package includes up to 50 abstracts and slides from presentations at Endocrine Society conferences. Are you interested in also including the video recordings of the presentations, when available, for an additional fee? Yes No

In order to have this proposal reviewed by the Endocrine Society, a budget must be provided. Budget should include venue costs, AV, faculty honoraria, etc. and I understand this requirement and I have attached the required budget: Yes No

An event report is required within 45 days of the conclusion of an approved event.

For an additional fee, are you interested in re-purposing/re-distributing EndocrineDirect™ materials, or providing additional Endocrine Society products to your attendees? Yes No

If yes, please describe (please note that it will require a separate agreement)

SIGNATURE

Print Full Name: _____

Signature: _____ Date: _____