## 

## **Best of MASCC Meeting Application**

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| **Applicant Information** | |
| Organization with which the event is affiliated | |
| Website of the host organization | |
| Primary contact name and title | |
| Email address | Mailing address |
| Telephone number |

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| **Event Information** | | | |
| Event date(s) |  | Event location |  |
| Proposed Event Planning Committee Members (Include professional affiliations and MASCC membership.) | |  | |
| State the expected number of attendees, total and by profession and geographic location. | |  | |
| Will you organize the Best of MASCC Meeting by yourself? If not, what company will you work with? | |  | |
| Do you intend to coordinate and offer local CME credit and if so, what types of credits? | |  | |
| If the Best of MASCC Meeting is to be coordinated with another medical society, provide the name and explain the applicant’s role. | |  | |
| What will be the marketing strategy to generate attendance to the Best of MASCC Meeting? | |  | |
| Describe strategies for generating financial support or sponsorship for the Best of MASCC Meeting. | |  | |
| Submit a draft budget for the proposed Best of MASCC Meeting and indicate anticipated sources and amounts of funding and specify expenditures.\* | |  | |
| Please indicate any repurposing or redistributing of MASCC abstracts, slides, or other materials at the Best of MASCC Meeting. Use of such materials beyond the meeting must be approved by the MASCC Executive Committee.\*\* | |  | |

Signature of Applicant:

Name: insert name here

\*MASCC reserves the right to charge a Best of MASCC licensing fee, assessed on a case-by-case basis.

\*\*MASCC reserves the right to receive a portion of income generated from use of its materials.