

**IHS Visiting Professors 2020**

**Application form**

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| **Organiser** |  |
| Name of organisation/hospital |  |
| Organiser contact name |  |
| Organiser contact address |  |
| Organiser contact email address |  |

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| **Meeting details** |  |
| Name of meeting/congress  |  |
| Country where meeting will be held |  |
| Details of programme(please attach an overview of the programme including session titles and speakers) |  |
| Proposed date of the meeting |  |
| Estimated number of delegates attending |  |

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| **Request** |  |
| Topic(s) requested |  |
| Names of preferred experts-include at least 3 options-do not contact potential teachers before your application is reviewed; the IHS Education committee will discuss and select the candidates |  |
| Draft budget for expert smax $ 6,000 – to include:-economy airfare-transfers-accommodation-food and beverage-other meeting costs  |  |
| Will the meeting receive other financial support – if yes, please provide details |  |

Please send completed form to Carol Taylor (mailto:carol.taylor@i-h-s.org)