

IFSSH Educational Sponsorship Application Form

IFSSH Sponsored
Educational Program



Applicant Type (check and add details)

- IFSSH Member Hand Society
- An individual within an IFSSH Hand Society
- An individual from a country without an IFSSH member Hand Surgery Society, and unable to secure a letter of support for the educational activity from an IFSSH member Hand Surgery Society.

Type of Sponsorship Requested (check mark) (Note DO NOT use this form to apply for an IFSSH Triennial Congress Registration Fee Assistance Grant.)

- Regional Hand Surgery course
- Academic project
- Other (please describe)

Description of the Educational Activity (fill in and add additional material if needed)

1. The name of the purposed educational activity
2. The purpose of the educational activity
3. How much IFSSH funding is being requested

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4. Who will benefit from this sponsorship?

(The IFSSH prefers that a large number of people (students, residents, fellows, doctors, nurses, therapists, patients, etc.) benefit from the learning experience directly or indirectly, rather than one individual.)

5. Who will be involved in the delivery of this educational activity?

6. Please provide a complete program of the proposed educational project

7. Please provide a budget detailing how the requested funds will be used.

(Attach a spreadsheet if appropriate.)

8. Please list what non-IFSSH funding will be requested.

(The IFSSH is happy to engage in joint funding whenever possible and suitable.)

Supporting Documentation (check mark)

- An application sponsored by an IFSSH member Hand Surgery Society must include a supporting letter from the President or Secretary General (or equivalent society officer) of the sponsoring IFSSH Member Hand Society. An individual or group unable to secure sponsorship from an IFSSH Member Society for an educational activity may request financial support from the

IFSSH by filling out this application and submitting it to the chair of the IFSSH Committee on Educational Sponsorship.

Statement of Compliance

By signing this application, the applicant hereby attests that they will adhere to the IFSSH educational support funding guidelines and will:

- Display the IFSSH Educational Sponsorship logo on all educational activity materials.
- Provide a report to the IFSSH Executive Committee, within three (3) months of the end of the educational activity.
- Agree to allow the activity report or summary thereof to be published in the IFSSH Ezine.
- Provide a detailed profit and loss statement for the event.
- Return any unused funds to IFSSH Treasury within three (3) months of the end of the activity

Waiver

By signing this application, I hereby attest that I understand the IFSSH does not take any responsibility whatsoever for any mishap, financial loss, accident, incident, misunderstanding, etc, which may result directly or indirectly from this educational activity.

Signature

- Applicant's Signature
- Date



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