



The European Federation of Organisations for Medical Physics
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ENDORSED EVENT - AN APPLICATION FORM

Contact person:	
Phone:	
E-mail:	
Institution/Society:	
Address:	
Postcode:	
Town:	
Country:	
Event website:	

I hereby apply for endorsement by EFOMP of the following scientific event, of interest for EFOMP scientific scope:

I attach the following documents and info:

- Conference agenda
- Preliminary Programme (with indication of speakers and titles)

I agree to mention EFOMP as one of the endorsing Societies/Federations and to add a link of EFOMP website (www.efomp.org) on the Conference website.

I acknowledge that if the application is approved, I will be granted to put the EFOMP logo (provided by EFOMP) on the Conference website, and that I will be allowed also to put the EFOMP logo in the Conference flyer after sending the flyer to EFOMP for approval.

I affirm that all the info and material produced to EFOMP for this application are true and that no useful related info has been omitted.

Signature

Date:

The form and all application related documents should be send to secretary@efomp.org.