

## APPLICATION FOR ERS EVENT ENDORSEMENT FOR PARTNER SOCIETIES

*To be submitted (including all appendixes): ERS Headquarters at [scientific@ersnet.org](mailto:scientific@ersnet.org)*

*The ERS will endorse the programme of the event and promote it accordingly to its members. Kindly refer to the ERS Guidelines for Event Endorsement available on the same web-section of this form.*

### General information

**Title of the event/meeting**

Link for **online** information / website:

Is the partner society the main organiser of the meeting?       Yes.       No.

**The ERS is unable to endorse events not organised by partner societies in the respiratory field.**

**Main respiratory diseases: (please select one)**

- |                                                          |                                                        |
|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Airway diseases                 | <input type="checkbox"/> Respiratory critical care     |
| <input type="checkbox"/> Interstitial lung diseases      | <input type="checkbox"/> Respiratory infections        |
| <input type="checkbox"/> Paediatric respiratory diseases | <input type="checkbox"/> Sleep and breathing disorders |
| <input type="checkbox"/> Pulmonary vascular diseases     | <input type="checkbox"/> Thoracic oncology             |

**Methods in basic, translational, clinical and epidemiologic research and clinical practice**

- |                                                                   |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Cell and molecular biology               | <input type="checkbox"/> Public health              |
| <input type="checkbox"/> Endoscopy and interventional pulmonology | <input type="checkbox"/> Pulmonary function testing |
| <input type="checkbox"/> Epidemiology                             | <input type="checkbox"/> Respiratory intensive care |
| <input type="checkbox"/> General respiratory patient care         | <input type="checkbox"/> Surgery                    |
| <input type="checkbox"/> Imaging                                  | <input type="checkbox"/> Transplantation            |
| <input type="checkbox"/> Physiology                               |                                                     |

**Target audience**

- |                                                        |                                                              |
|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Adult Pulmonologist/Clinician | <input type="checkbox"/> Physician in Pulmonary Training     |
| <input type="checkbox"/> Clinical Researcher           | <input type="checkbox"/> Physiologists                       |
| <input type="checkbox"/> General Practitioner          | <input type="checkbox"/> Radiologists                        |
| <input type="checkbox"/> Journalist                    | <input type="checkbox"/> Respiratory Critical Care Physician |
| <input type="checkbox"/> Medical Student               | <input type="checkbox"/> Respiratory physiotherapist         |
| <input type="checkbox"/> Medical Technical Assistant   | <input type="checkbox"/> Respiratory therapist               |
| <input type="checkbox"/> Nurse                         | <input type="checkbox"/> Scientist (basic, translational)    |
| <input type="checkbox"/> Paediatrician                 | <input type="checkbox"/> Thoracic Oncologist                 |
| <input type="checkbox"/> Pathologist                   | <input type="checkbox"/> Thoracic Surgeon                    |
| <input type="checkbox"/> Patient                       | <input type="checkbox"/> Other:                              |

**Tags (please select one)**

- Basic science  
 Clinical issues and procedures  
 Translational science

**Is the organisation of the meeting/event recurrent?**

- Yes. Please specify the frequency (annual, every other year) and format:  
 No

**How did you assess the need for your event?**

**How the programme of the event was developed?**

**Are patients and/or patient representatives involved in the organisation or in the programme of your event?**  Yes.  No.

If yes, please explain how

**Are you planning to use live animals in practical sessions during the event?**

Yes.  No.

If yes, please explain how

**The ERS recommends that the use of live animals in practical sessions during the event is limited to a necessary minimum.**

**Executive summary** (max. 300 words)

**Expected outcome** (300 words max)

**Meeting Organisers:**

List of organisers

Primary Contact Name/s

Address

E-mail

Phone

ERS Member

Yes.

No.

## Logistical information

### Dates and timing

Dates of the meeting

Start time on 1<sup>st</sup> Day:

End time on last Day

### Venue:

- City, country:
- Name of the meeting **venue**:
- Address:

### Is the event venue matching any of the ERS sustainability standards listed below?

Yes.  No

The standards include:

- a major international airport with frequent connections during the event date is within a distance of 30 km from the venue
- the location is accessible by public transportation, offer direct connections to the airport

In addition, we would recommend that you check the following when considering venues for your events:

- Is the venue certified for sustainability?
- How is waste managed at the venue?
- Does the venue use hot water?

### Please describe what other actions you take to make your event more sustainable:

### Attendance (estimated number)

Number of faculty

Number of participants

### Language

The programme will be presented in

English only

Other:

## Registration fees

Is the registration to the meeting opened to everybody?

Yes.

No

The registration website/form is in:

English

Other:

Full rate: €

Reduced rate: € for which target audience

*if applicable* Reduced rate: € for ERS Member

Comments:

## Programme

Please join to your application following files in PDF, Word or Excel format.

- **Detailed Programme** – including presentations/faculty and breakout sessions
- **Faculty list** – including faculty details such as first name, last name, gender, country, ERS membership/Officer.
- **Faculty statistics - Gender balance figures**

*Please justify, why the percentage of women or men involved in the programme is not optimal (if applicable)*

The ERS is unable to review an application without required attachments listed above.

## Collaboration with other scientific/medical societies and sponsors

Is collaboration with another **scientific/medical society** intended?

- Yes. Please specify
- which society/ies:
  - nature of collaboration:
- No.

Is the industry intending to **sponsor** the meeting?

- Yes, please specify
- which company/ies:
  - nature of collaboration:
- No.

The ERS is unable to endorse activities or meetings where financial support is received from a single sponsor.

## CME accreditation

Have you applied for EBAP (European Board for Accreditation in Pneumology) accreditation?

- Yes. The event is accredited by EBAP, and a participant can receive (maximum) CME credits
- No, the event is not yet accredited but under EBAP review (or it is planned to do so). Please explain here:
- No, the event is not accredited by EBAP, and we do not plan a request.

## Conflict of interest

The meeting Organisers must provide duly completed and signed conflict of interest forms with the Meeting Endorsement application.

Date of submission:

Name of the meeting Organiser/s:                      Signature: \_\_\_\_\_

## Tobacco and alternative nicotine delivery products conflicts of interest

(Organisers)

*Please complete and tick the following statements as appropriate.*

ERS does not accept collaboration with individuals who are or who have been full, or part-time, employees of, or paid consultants to, or those with any real or perceived, direct or indirect links, to the tobacco industry, or who have received any financial or in-kind benefit from the tobacco industry, at any time **after 1/1/2000**.

Exclusion will also be applied as of **1/1/2020** to persons who have conflicts of interest relating to **alternative nicotine delivery products** such as e-cigarette and heated tobacco products.

Please select what applies to you:

I declare that I have had **NO** relationship of any kind with the tobacco industry (since 1/1/2000) and **NO** conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products (as of 1/1/2020), nor will a conflict arise before the event for which I am requesting the ERS endorsement.

**YES.** I declare that I have been a full or part time employee of, paid consultant or advisor to/received a grant from the tobacco industry at any time **after 1/1/2000**, for any project or programme or I have conflicts of interest relating to alternative nicotine delivery products such as e-cigarette and heated tobacco products **after 1/1/2020**.

Name of the meeting Organiser/s:                      Signature: \_\_\_\_\_

## Final documents

It is furthermore agreed that if the ERS agrees to endorse the meeting, the ERS logo and name will be indicated on the official communication of the Event/meeting. The programme and links where the ERS logo and name will be used, have to be shared prior to publication to the ERS Office (mail: [scientific@ersnet.org](mailto:scientific@ersnet.org))