

ASCO DIRECT License Proposal New Applicant

Applicant Information			
Does the Applicant have not-for-profit status (or legal equivalent) under applicable law? <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="font-size: small; margin-top: 5px;">If yes, attach documentation of non-profit status to this application.</p>			
Organization Name:			
Year organization was incorporated or started:			
What countries are represented within the membership of your organization?			
Does a Board of Directors govern your organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the names of the Applicant's Board of Directors:			
Primary Contact Name:			
Primary Contact Title:			
Preferred Mailing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Telephone:		Fax:	
E-mail:			
Website:			
Please provide the name and e-mail address of any additional person(s) who need to receive contract package (for example, abstract lists).			
Proposed Event Information (if available)			
Are you interested in a multi-year contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Date(s): <small>(if known)</small>		Event Location: <small>(if known)</small>	
Name of proposed meeting:			
Name of ASCO meeting content source (e.g. Gastrointestinal Symposium, ASCO Annual Meeting, etc.)			
Proposed Event Planning Committee Members: <i>(please include professional affiliations and indicate ASCO membership)</i>			

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Will you organize the ASCO DIRECT Live meeting by yourself or will you use another company to organize it for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the name of the company:	
Anticipated number of attendees:	
Geographic dispersion of attendees: <i>(please include cities, provinces, or countries where you expect to draw your attendance and what geographic areas the meeting will be promoted)</i>	
Official language of the conference:	
Are you interested in holding this event in more than one location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to coordinate and offer local CME credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An event report is required from each Licensee within 45 days of the conclusion of an approved event. Evaluation forms will be provided by ASCO, and all questions contained therein must be asked to attendees and included in the event report.	
I understand and agree to comply with this requirement. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposal Information	
Summarize Applicant's knowledge, experience and qualifications in delivering medical education meetings. Cite at least two examples of medical education meetings held in the last 12 months. Please include meeting title, location, and attendance, and if organizing these meetings for another organization, contact information of clients for references.	
If meetings were coordinated with a medical society, provide society name and explain Applicant's role.	
Please provide the 3 references including names, addresses, telephone number and e-mail addresses with whom you've provided similar services.	
Summarize the Applicant's familiarity with ASCO and its experience working with the cancer community and cancer-related meetings.	

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<p>Detail Applicant's marketing strategy to generate attendance for an ASCO DIRECT Live meeting. Attach a few samples of past marketing materials.</p>	
<p>Describe Applicant's strategies for generating financial support or sponsorship for a ASCO DIRECT Live meeting.</p>	
<p>ASCO requires the submission of a draft budget for the proposed activity. Indicate all anticipated sources and amounts of funding and specify expenditures. <i>Failure to submit a detailed budget may hinder ASCO's ability to fully evaluate the proposal.</i></p>	
<p>I understand this requirement, and have hereby attached a draft budget to this application form:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>ASCO works with various medical education/publishing organizations worldwide to facilitate meetings and to market its products. If available, would you be interested in partnering with such an organization in your region to promote ASCO DIRECT Live? (Advantages include assistance with: logistics, marketing, sponsorship)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Indicate any desire to re-purpose or re-distribute ASCO abstracts, slides or other materials. (Please note that repurposing or redistribution will incur a separate licensing fee.)</p>	
<p>Would your organization like to publish course proceedings or post them on a website? (Please note that publishing course materials or posting will incur a separate license fee.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If yes, please describe:	
ASCO provides additional licensing opportunities as described in the brochure, "2015-16 Bulk Sale and Licensing Opportunities." For an additional fee, are you interested in providing any additional ASCO products to ASCO DIRECT attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please note that all materials containing ASCO content, including ASCO DIRECT Live logo and materials must be pre-approved in writing by ASCO prior to release. Please e-mail these to licensing@asco.org prior to being publically released.</p> <p style="text-align: right;">I understand and agree to comply with this requirement. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Required Signatures	
President of Applicant Organization	
Print Full Name:	
Signature:	
Date:	
Co-Applicant Signature (if submitting a joint application)	
Print Full Name:	
Signature:	
Date:	