Application for an **EAN Regional Teaching Session**

during a National Neurological Society Meeting

**Proposer/Organiser:**

Name:

Address:

Tel.:

E-mail:

**National Congress**:

**Congress Date:** **EAN RTS date**

A preliminary programme of National Congress is attached [ ] yes [ ]  no

Congress-Website (if available)

# Venue

Location, address, city:

Accessibility:

 International airport [ ]  yes [ ] no

 Local transportation will be provided [ ] yes [ ]  no

## Meeting rooms/ Lecture Hall

 Number of seats per Hall:

Audio-video facilities: [ ]  yes [ ] no

Comments:

**Target group:**
(e.g. neurologists in training, practicing neurologists, nurses, general practitioners etc.)

local only [ ] yes [ ] no

other countries:

Estimated number of participants:

### Language ENGLISH

The EAN RTS must be held in English. Consecutive interpretation is NOT acceptable

##### Simultaneous interpretation will be provided: [ ]  yes [ ]  no

**Accommodation** (please describe)

Faculty: (hotel Name)

**Visa** (please describe visa formalities for entry in your country)

**Other information considered relevant for the EAN Regional Teaching Session**

**Proposed programme**

**(has to be submitted 6 months before the event):**

## Date:\_\_

**Session time:**

|  |  |  |  |
| --- | --- | --- | --- |
| Time      5 min break | 1st speaker (EAN)      | Possible replacement?      | Topic/title      |
| Time      5 min break | 2nd speaker (EAN)      | Possible replacement?      | Topic/title      |
| Time      5 min break | 3rd speaker (EAN)      | Possible replacement?      | Topic**/**title      |
|  | Please insert one of the speakers from above       |       | Info about EAN membership benefits and educational activities |

## Budget

## (To be submitted in detail ideally 6 months before the event)

|  |  |  |
| --- | --- | --- |
| **Facilities** | Local currency | EURO |
| Lecture hall |       |       |
| Audio-video facilities |       |       |
| Hand-out material (printed / digital)(Programme, evaluation forms, certificates) |       |       |

|  |  |  |
| --- | --- | --- |
| **Invited Speakers (3) - Faculty** | Local currency | EURO |
| Flights/Travel |       |       |
| Accommodation |       |       |
| Visa (if needed) |       |       |
| Transportation (Airport pick-up and return) of faculty |       |       |
| **Total estimated costs for all speakers** |       |       |

|  |  |  |
| --- | --- | --- |
| **Miscellaneous** | Local currency | EURO |
| Other costs (please describe):……………………………… |       |       |
| **Total** |       |       |
| **Requested EAN funding\*** |       |       |

**\*up to a maximum of € 4.000,- including VAT**