



## IFSO Endorsement Application Form

### Requirements

Endorsement requests must be sent to IFSO Secretariat ([info@ifso.com](mailto:info@ifso.com)) together with the scientific program of the Event in English. IFSO-Communication Committee will carefully review the concepts and objectives of the course as well as the faculty, the structure and content of the course, in deciding about the endorsement.

“Endorsement” does not in any way offer credentialing of grant approval to the participant regarding future skills and outcomes.

- **Single Endorsement**

- Single Endorsement is only available for one event.
- The complete application has to be received at latest 3 weeks prior to the event. Applications received less than 3 weeks before will be automatically rejected.
- The event must be directed or coordinated by an IFSO member, or have as its primary faculty, at least one IFSO member
- Endorsed events should offer CME credits (if not, an explanation must be provided)
- The Director must ensure that disclosure of conflict of interest are enforced
- The Director must show in his presentation(s) the Case Mix Disclosure slide (see attached) and recommend its use to all the speakers.
- Reduced registration fees must be granted to IFSO Members

The fee for single endorsement is **\$400,00**

- **Multiple Endorsement**

- Multiple endorsement is meant for two or more events held per year at the same institution
- The complete application has to be received at latest 3 weeks prior to the event. Applications received less than 3 weeks before will be automatically rejected.
- The events must be directed or coordinated by an IFSO member, or have as its primary faculty, at least one IFSO member
- All brochures and faculty lists must be submitted to the IFSO-Communication Committee for annual review
- The institution/centre must be equipped with adequate facilities
- Endorsed events should offer CME credits (if not, an explanation must be provided).
- The Director must ensure that disclosure of conflict of interest are enforced
- The Director must show in his presentation(s) the Case Mix Disclosure slide (see attached) and recommend its use to all the speakers.
- Reduced registration fees must be granted to IFSO Members

The fee for multiple endorsement is **\$1.200,00/year**

### **Benefits:**

Endorsed events will be:

- listed on IFSO’s Website on the “Endorsed meetings” page, with a link to the congress website
- included on IFSO’s E-newsletter
- mailed twice to IFSO Members
- advertised once on IFSO Facebook and Twitter page
- the Director may include IFSO’s Endorsement statement and IFSO Logo on promotional materials among the endorsing institutions, exclusively with the following text: **“Endorsed by”** before the logo of IFSO.

### **People’s first language:**

- Use patients with obesity, people with obesity, woman/man/child with obesity
- Use severe obesity (or reference BMI range or Class), never morbid obesity or super-obesity or extreme-obesity
- Eliminate "success/failure" "recidivism" "non-compliant" "gold-standard" "last-resort" sort of language
- Avoid weight-loss surgery, instead use bariatric-metabolic surgery
- Imagery (no headless, stereotypical/stigma = takeaway boxes, fast food, ill-fitting clothes, etc.)

**Diversity statement:**

IFSO encourages diversity such as gender, age and geographical representation. Therefore, we encourage to take into account diversity in selecting the faculty of your educational events.

If you think your event fulfils the above mentioned requirements, please send your request to [info@ifso.com](mailto:info@ifso.com) by filling the following form together with a PDF file of the scientific program.

After the approval of the Communication Committee and of the President of the Chapter where the event will be held, you will receive further instructions about the payment of the endorsement fee.

**Application form**

EVENT DIRECTOR\*: \_\_\_\_\_

INSTITUTION/SOCIETY (IF ANY): \_\_\_\_\_

TITLE OF THE EVENT\*: \_\_\_\_\_

DATE/S\*: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_ Website of the event\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL\*: \_\_\_\_\_

WILL CME CREDITS BE OFFERED\*? \_\_ YES \_\_ NO IF YES, HOW MANY\*? \_\_\_\_\_

IF NO, WHY\*? \_\_\_\_\_

WHICH INSTITUTION PROVIDES THE CME CREDITS: \_\_\_\_\_

ARE DISCLOSURES OF CONFLICT OF INTEREST ENFORCED\*? \_\_\_\_ YES \_\_\_\_ NO

DISCOUNT FOR IFSO MEMBERS (min 10%)\* \_\_\_\_\_

I have read and understood the IFSO Position Statement on Live Surgeries and informed the operator(s) accordingly. I declare that the answer to all points is in the affirmative for both the operator(s) and the organizer(s).\*

**\*Mandatory field**

**BILLING INFORMATION\***

Name (person/company/institution): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date

Signature

Event Director

\_\_\_\_\_

\_\_\_\_\_