

Please type or print in capital letters

Valid for 2008–2009

Please complete this form and return it
with a copy of the educational program to:

ESMO Head Office
Education Services
Via Luigi Taddei 4
6962 Viganello-Lugano
Switzerland
Tel. +41 91 973 19 03
Fax +41 91 973 19 21
E-mail **education@esmo.org**

SEND

Title and brief description of event

Name and address of organization responsible for the event

Name of person to contact in relation to this application

Tel. Fax E-mail

Name of person responsible for this event

Tel. Fax E-mail

Venue address

Event date(s) Event Web site link

Total number of educational hours Number of expected attendees

Approximately what percentage of the audience will be Local Regional National International

Please indicate any elements of the event aimed for non-medical oncologists

The number of educational hours not aimed for medical oncologists (if any)

What teaching methods will be used? Case studies Tutorials Experimental Experiential
 Lectures Workshops Discussion groups

Others (specify)

»

Indicate how the need for this CME event was identified
What are the intended learning objectives for this event?
What evaluation procedures will be used to find out whether the intended objectives have been achieved?

Indicate the main language of the event

Indicate any languages in which simultaneous translation will be available

Identify the committee(s), giving names and affiliations of individual members, involved in organizing this CME event

Has this event received any financial support? Yes No

If your answer is yes, please indicate the level of this support as an approximate percentage of the total budget of the event

Commercial organizations

 Academic organizations

Participant fees

 Other (specify)

Please note that a 25% reduction fee for ESMO members is now mandatory – please indicate whether you agree to this.

Yes No

Criteria for awarding of the ESMO label

1. Completed applications for the ESMO label must be received, on this form, **3 months prior to the event.**
2. A copy of the educational program, in English, must be submitted with this application.
3. A copy of the evaluation form, in English, must be submitted with this application.
4. Credits are awarded at a rate of 1 credit point per hour of educational time not including breaks.
5. Credits are only awarded for whole hours.
6. An administration fee of € 300 should be paid to ESMO for processing the request. Please see payment details below.
7. The ESMO label leads to full ACOE accreditation. However, for events with more than 10% of education not aimed for medical oncologists, the event organizer must forward an application to ACOE for direct accreditation. A charge will be made by ACOE for this accreditation.
8. A letter of support from the ESMO National/Regional Representative of the country where the event is being held should be provided with the application (contact details are available on request from the ESMO Head Office).
9. Organizers must provide certificates of attendance to participants.
10. Organizers must keep a written register of attendance (for a minimum of 2 years).
11. ESMO label will not be awarded to events that are primarily promotional. An event receiving 50% sponsorship from one sole company will NOT be considered for the label.
12. A 25% reduction fee for ESMO members is mandatory.
13. Organizers should complete the mandatory post-event questionnaire within 4 weeks from the event date.
14. The ESMO logo should be used in compliance with the ESMO logo policy listed here [▶▶](#)

European Society for Medical Oncology logo policy

The European Society for Medical Oncology (ESMO) logo, and other ESMO event logos, may only be used for the purpose specified upon written consent from ESMO. Use of the ESMO logo is event-related, meaning single use only, unless otherwise agreed with ESMO.

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The ESMO logo must be used in the proper form (as shown below):



Unless ESMO explicitly gives written permission, you may not copy, modify, distribute or display the ESMO logo.

Anyone found to be in violation of this policy will face disciplinary action by the ESMO Executive Committee, which may include, without limitation, termination of the agreement with ESMO or cancellation of the event.

Credit card details

Please include your credit card number, expiry date and photocopy of both sides of the card (VISA or Eurocard/Mastercard only).

- Visa card (*)
- Euro/MasterCard

Number CVV2 (*) Expiry date

(*) For Visa card holders only; CVV2 code: last three figures appearing on the back of the card, in the signature field)

Signature

- I, the undersigned, verify that I have read the aforementioned criteria for awarding of the ESMO label and the ESMO logo policy, and that I agree to abide by these criteria.

Signed _____ date _____

(Individual responsible for the event)

For office use only

This event

- Has been awarded the ESMO label
- Cannot be awarded the ESMO label

Name _____ Signature _____

Date _____