

# ASBMT™

## American Society for Blood and Marrow Transplantation

### APPLICATION FOR ENDORSEMENT

The American Society for Blood and Marrow Transplantation (ASBMT) invites you to apply for endorsement of your continuing medical education activity. The fee for endorsement of each educational activity location is \$10,000, which is non-refundable, includes one complimentary set of ASBMT membership mailing labels and one-time use of the ASBMT logo on marketing materials. Additional mailing lists or usage can be purchased. Endorsement is granted as a one-time use and a new application must be completed for any reoccurring programs, or additional dates from the initial approval. The ASBMT requires ninety (90) days to review all requests for endorsement.

Requests for endorsement will only be considered from non-profit organizations (and third-party medical education companies). The ASBMT must approve in writing the preliminary educational program and any promotional materials or brochures in advance of their printing. Once written approval is obtained from the ASBMT, NO changes can be made to either the educational program or the promotional materials without resubmission to the ASBMT for review.

The ASBMT adheres to the following guiding principles when determining whether the proposed educational program will be considered for endorsement:

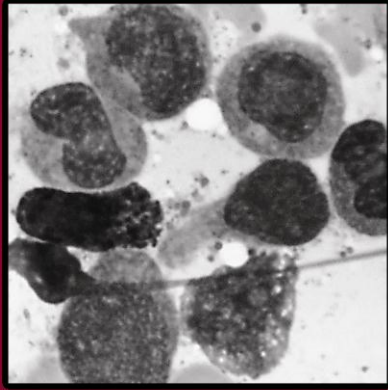
1. Does the educational event serve ASBMT members?
2. Is it a unique project that will promote the mission and vision of ASBMT?
3. Does it ultimately serve the patient?

As an applicant for endorsement by the ASBMT, you will be required to do the following:

- complete the application no later than four (4) months prior to the start of each educational program
- provide an educational program schedule, including:
  - three (3) learning objectives
  - session times, topics and faculty identified

The ASBMT will confirm in writing approval of the educational program within thirty (30) days of receipt.

The Application for Endorsement does not include continuing education credits. If you have any questions regarding the ASBMT Application for Endorsement, please contact the ASBMT Office at 847/427-0224.



# ASBMT<sup>TM</sup>

## American Society for Blood and Marrow Transplantation

### APPLICATION FOR ENDORSEMENT

Name of Organization \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Web address \_\_\_\_\_

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#### Educational Program

Title of Educational Program \_\_\_\_\_

Date(s) of Educational Program : \_\_\_\_\_

Location(s) of Educational Program : \_\_\_\_\_

#### Learning Objectives

Please identify three (3) learning objectives for the educational program.

At the conclusion of this educational program, participants should be able to:

- 1.
- 2.
- 3.

**Speaker Disclosure and Conflict of Interest**

ASBMT endorses programs that demonstrate a consistent process for identifying and resolving speaker conflicts of interest. To maintain the content integrity of the program, the Society requests a written summary of all speaker conflicts of interest and their resolution. Please provide a description of the speaker disclosure process and the actual documentation of how the speaker conflict(s) of interest were resolved for this activity.

- Disclosures reviewed, no conflicts**
- Disclosures reviewed, conflict resolution process listed below:**

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**Target Audience**

Please identify the target audience for this educational program and the number of participants you plan on reaching with this activity, based on your mailing lists, membership, average monthly hits to your web site, etc. \_\_\_\_\_

Other organizations to which you have requested endorsement:

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**Program**

- Attach a copy of the educational program with session times, topics and faculty identified.

**Budget**

- Please submit a budget with the application.

**Tax-Exempt Status**

- Please provide a letter with your tax-exempt status.

**ASBMT Review and Approval**

The ASBMT will review this application and contact you with a response within thirty (30) days of receipt.

***I have read and agree to abide by the ASBMT policies for endorsement as noted on the Application for Endorsement.***

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**Name/Title**

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**Organization**

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**Date**

**PAYMENT INFORMATION- Total Due \$10,000**

**If application is declined, payment will be refunded, less a \$1,000 administrative fee**

Check (must be U.S. Funds drawn on a U.S. bank) or International Money Order

Check number: \_\_\_\_\_

Wire Transfer (Please contact ASBMT for wire transfer information)

Credit Card

American Express     Discover     MasterCard     Visa

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. If using electronic payment, please email form to [marmiekiva@asbmt.org](mailto:marmiekiva@asbmt.org).

2. Mail form and payment to 85 West Algonquin Road, Arlington Heights, IL 60005