



Application form
Regional Conference Support

Name of Event: _____

Chief Contact Person: _____

Street Address 1: _____

Street Address 2: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

WHS membership ID: _____

Officers of Organization (include email addresses):

Date of Meeting: _____

Proposed Speakers & Topics (please include a sample program, if available):

WHS Associated/Related Society: [] Yes [] No

Length of Meeting: _____

Projected # of attendees: _____

Location: _____

Faculty: _____

Registration costs: _____

Meeting Budget

Revenue:		
Registration		
Sponsorships		
Other		
Total Revenue		
Expenses:		
Speakers		
Space Rental		
AV Rental		
Food & Beverage		
Printing		
Other		
Total Projected Expenses		

Total Sponsorship Amount Requested: _____

Please describe the following

1. **Significance and Value to the Society:**
2. **Audience:**
3. **Conference details (describe here if no Sample Program is provided):**
4. **Sources of Funding:**
 - a. **Will there be Exhibitors*?** [] Yes [] No
 - b. **Is accreditation available?** [] Yes [] No
 - c. **Other sponsors*/endorsees:**

**WHS sponsorship does not constitute an endorsement by the Wound Healing Society of any other meeting sponsors, exhibitors or their products and services.*



As part of any financial support, WHS requires that **acknowledgement of WHS sponsorship** is made in the program, and that WHS materials (Society information, membership information, meeting information, etc.) be on display. Materials will be sent to the chief contact person.

A list of attendees is to be provided for a one time use by the Society, offering a \$100 discount for new members' first year membership dues. (Draft invitation will be provided prior to distribution).

A final meeting report for WHS's newsletter is also required.

After completing this application, please submit the completed form with current program to the WHS Administrative office

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