



# IFATS

International Federation for Adipose Therapeutics and Science

Executive Office: 6300 Sagewood Drive - H225, Park City, UT 84098 Email: [srussell@hdplanit.com](mailto:srussell@hdplanit.com)

---

## APPLICATION for Meeting Endorsement – 2021-2022

**This application will only be accepted for programs that meet all the following criteria:**

1. Program is sponsored by an IFATS-recognized organization or member.
2. Application must be completed by a current, active member of IFATS.
3. Application must be submitted to IFATS for approval before there is ANY mention of IFATS endorsement in any printed materials or on any website.
4. It is not permitted to indicate that endorsement has been requested. Endorsement must be confirmed before using IFATS name or logo.

*Please allow at least one week for the approval process and plan your publicity efforts accordingly.*

**If IFATS endorses your meeting, IFATS will provide for your organization:**

- Use of the **IFATS logo for this meeting** and an **official endorsement statement** to include in your publicity materials, on your website, and in other program related printed matter. Only the approved language and logo can be used and will be provided with approval of your application.
- **One IFATS designed email** sent to the comprehensive IFATS email list at no charge. Additional emails to promote the meeting may be requested at \$100 each.
- Inclusion of your program details on the IFATS website.

**You MUST enclose ALL of the following items with your application before it will be reviewed.**

- Letter of request from the **Program Chairman, President, or CEO** of the sponsoring organization
- Copy of **proposed program** including invited and/or confirmed faculty
- Copy of **publicity brochure**, a draft is acceptable
- List of all planned **uses of IFATS logo**
- Fee payment**

## THE FORM

**Meeting Title:**

**Location:**

**Date(s):**

**Number of Attendees Expected:**

**Sponsoring Organization:**

**Intended Audience:**

**Will commercial exhibits be present?**  YES  NO

**Funding Sources**  Registration Fees  Industry support  Educational Grants  
*Check all that apply*  Social Fees  Other, please specify:

**Program will be organized by:**  Institution, Hospital, Clinic  Professional Congress Organizers  
 National Society Staff  Individual  
 Other:

**Name of PRIMARY Contact:**

**Department:**

**Affiliation/Company/Organization:**

**Street Address:**

**City:**

**State or Province:**

**Country:**

**Postal Code:**

**Telephone:**

*Country Code/City Code/Local Number*

**FAX:**

*Country Code/City Code/Local Number*

**E-mail:**

**Website where program will be promoted:**

**Endorsement Fee of US\$1,500.00** should be **payable to IFATS** and enclosed with the application.  
The fee will be fully refunded if the program is not approved for any reason.

*See next page for payment options.*

**Checks or Bank Drafts** must be payable to IFATS, must be from a **US bank**, and must be **sent to the** Executive Office. FOREIGN BANK CHECKS CANNOT BE ACCEPTED.

**Bank Wire transfers** – please contact the Executive Office for wire instructions.

**Credit Card Payment** (You may use a VISA, Master Card, or American Express.)

<b>Amount to be charged:</b> <input type="checkbox"/> \$1,500 endorsement fee	
<b>Credit Card No:</b>	
<b>Expiration Date:</b>	<b>CVV (Security) Code Number:</b>
<b>Name as it Appears on the Credit Card:</b>	
<b>Address where you receive your credit card bill: <i>(required by our bank for verification)</i></b>	
<b>Street:</b>	
<b>City:</b>	
<b>Country:</b>	<b>Postal Code:</b>
<b>Signature:</b> _____	<b>Date:</b> _____

**APPLICATIONS must be sent to:**

Susan Russell  
Executive Office  
6300 Sagewood Drive - H225  
Park City, UT 84098 USA

**FOR OFFICE USE -**

The IFATS Education Committee:     **APPROVES**     **DOES NOT APPROVE**  
Comments: