Title:			
Sponsoring Organization:			
	Location:		
Website:			
Expected number of attendees:		Will CME credits be issued?	Yes / No
Will commercial supporters (if any) have selection, or the content of the report of			pant Yes / No
If the course, program or event is not owill be used:	organized by a non-profit o	organization or group please explain	how profits
aspects of the program and contact inf provide a url link. 2. A course brochure with course obje program agenda with the faculty name Application Fee (per course) \$500 by check or credit card	ctives, target audience, pr		
Payment Info Credit Card			
Name:	Amount:	□ Visa □ Mastercard □ American Exp	oress □ Discover
Card Number:		Exp. Date: CVV:	
Card Holder Name:	Sigr	nature:	
Billing Address:			
City:		State: Zip Code:	
Payment Info Check Remit to: American Society for Metabo 100 SW 75th Street, Suite 201, Gainesvi			

Application Review

1. A decision will be made within 60 days after the ASMBS office has received a complete application with fee. Program directors wishing endorsement in time to print it as part of the advance program or course material must allow sufficient time for the approval process. Applications must be submitted 6 months in advance of the course date.

2. Endorsement applies to a single activity and is valid only for the dates included on this application.

Endorsement Benefits

- 1. Use of the ASMBS logo on materials for this activity only
- 2. Listing on ASMBS Website Meetings of Interest
- 3. Advertisement in Connect

Information

For additional information contact ASMBS at course.endorsements@asmbs.org or call (352) 331-4900.