

** New Application Deadlines **

Beginning with the 2014 Supported Meeting program, applications will be reviewed by the Officers cumulatively on a biannual basis during their in-person meetings. The deadline for both completed Supported Meeting and Affiliate Member Supported Meeting applications to be received by the Secretariat is December 1 and May 1 of each year.

SUPPORTED MEETINGS APPLICATION

iue of Meeting:	
rimary Organizer:	
Jame:	
Address:	
Phone:	Fax:
Cmail:	Website:
roposed date(s) of Meeting:	
lanning Committee Members:	
Proposed Meeting Site:	
Proposed Meeting Organizer	r (e.g., agency):
Estimated Attendance:	
Proposed Meeting: (please at detailed budget etc.)	ttach an explanation, brochures, flyers, programs, faculty,
	ouncement:

Financial Data:

Person with Fiduciary Responsibility (name, title): _____

Location where financial accounts are held:

Attach a complete budget including details on projected income and expenses. Please enter summary figures from attached budget below:

Projected Total Income: \$USD _____

Projected Total Expe	nses: \$USD	

Projected gain/loss: \$USD _____

Amount MDS support requested: \$USD _____

Projected additional support (please list sources/amounts):

Industry sponsors: \$USD _____ Nonprofit & Foundation support: \$USD _____

Government Funding: \$USD _____ Registration fees anticipated: \$USD _____

Signature:

Date:

Please return to: International Parkinson and Movement Disorder Society 555 East Wells Street, Suite 1100, Milwaukee, WI 53202 USA Telephone: +1 414-276-2145 Fax: +1 414-276-3349 E-mail: pfierst@movementdisorders.org