European Sleep Research Society

**Application Form:**

**ESRS patronage and financial support for Sleep Training Courses**

Please submit the completed form to the President of the ESRS with a copy to the Assistant Secretary of the ESRS.

1. Name of organizing National Society/Medical or Scientific Organization

2. Responsible/contact person (please send a short CV/Biosketch)

 Name:

 Tel., Fax:

 E-Mail:

3. Name of conference (please send a preliminary program)

4. Suggested/preferred date(s)

5. Audience (which specialists will be invited, number of people expected)

6. Suggested topics and speakers (4-6 topics)

 1.

 2.

 3.

 4.

 5.

 6.

7. Please indicate the level of support requested from ESRS:

a. advertise on ESRS website and Newsletter

b. ESRS endorsement

c. an ESRS sleep training course\*

8. Please specify the amount requested from ESRS (attach a detailed budget)

\*For an ESRS sleep training course, the following criteria apply

1. International faculty (at least 20% of speakers)

2. Program of interest (science/education) not only to a local group

3. ESRS must be involved in the decisional process concerning content and speakers

4. No industrial mono-sponsoring

5. Program must be approved by the ESRS board