



**WORLD ASSOCIATION FOR BRONCHOLOGY AND
INTERVENTIONAL PULMONOLOGY**

and



**BRONCHOSCOPY EDUCATION
PROJECT**

APPLICATION FOR CO-SPONSORSHIP

APPLICATION FORM

(Please complete this form electronically using Adobe Acrobat, Adobe Reader, or Foxit PDF Reader)

APPLICANT INFORMATION:

NAME OF HOST ORGANIZER: _____

INSTITUTION (If applicable): _____

WABIP MEMBER SOCIETY: _____

COUNTRY: _____ CITY: _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL: _____ TEL: _____

COURSE INFORMATION:

PROPOSED DATE OF SEMINAR(S): _____

PROPOSED LOCATION OF SEMINARS(S): _____

TYPE OF SEMINAR(S) (mark one or more checkboxes):

One day Introduction to Flexible Bronchoscopy

One day Introduction to Endobronchial Ultrasound and EBUS-TBNA

Half-day Bronchoscopy Education Project Awareness program

One and a half day Faculty development Program (Train the Trainer)

2.5 day Introduction to Flexible bronchoscopy and Faculty Development Program

If hosting an Introduction to bronchoscopy Program, describe the target audience? (check all that apply)

Trainees

Physicians in practice

Total number of expected participants _____

If hosting a faculty Development Program, describe the target audience? (check all that apply)

National program directors

International program directors

National bronchoscopy educators (not program directors)

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International bronchoscopy educators (not program directors)

National or International Medical society leadership

Total number of expected participants (maximum 12) _____

Describe your plan for subsequent or ongoing bronchoscopy education programs in your institution/region:

FUNDING (WABIP may provide up to \$10,000):

Amount of WABIP Funding Requested (in US Dollars): _____

Name of other sponsors and/or potential sponsors: (1) _____
(2) _____ (3) _____ (4) _____

Prefer some funding and/or for WABIP to sponsor WABIP faculty travel

PROPOSED BUDGET:

The below amounts must factor in the amounts of WABIP funding requested, funding from other sponsors (if applicable), and/or other funding sources (if applicable).

	Amounts in	Local Currency	\$USD
• Expected Registration Revenue		_____	_____
Expected number of registrants _____			
• Venue/institutional/host organization costs (such as conference room rental fees)		_____	_____
• Faculty Accommodations (hotels) costs		_____	_____
Number of faculty being lodged _____			
• Faculty Airfare/transportation costs		_____	_____
Number of faculty being lodged _____			
• Participant Accommodations (hotels) costs		_____	_____
Number of participants being lodged _____			
• Participants Airfare/transportation costs		_____	_____
Number of participants travelling _____			
• Faculty honoraria		_____	_____

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- Registration packet/handouts costs _____
Number of packets/handouts needed _____
- Meals costs _____
- Flyers and other print advertising costs _____
- Certificates materials and printing costs _____
- Courier/Postal services costs _____
- Training manuals number required _____
(Manuals may be offered by WABIP & Bronchoscopy International)
- Airway models needed from Industry sponsors
(check all that apply)
(Intubation head, TBNA model, EBUS model, Inspection model, computer-based simulation)
- Videobronchoscopes and video towers needed from Industry sponsors _____
- Other materials needed from Industry sponsors _____

Amounts in	Local Currency	\$USD
Total Revenue Budget	_____	_____
Total Costs Budget	_____	_____

AGREEMENT:

By providing my signature below and as a condition for partial funding of this proposed educational seminar, I, _____, hereby agree to comply with each of the following (Mark each checkbox):

- Use a pre-established Bronchoscopy Education Project course curriculum.
- Use Bronchoscopy Education Project learning resources.
- Use Bronchoscopy Education Project certified instructors or Master Instructors.
- Provide WABIP with receipts and justification of expenditures for funds received.

Signature*: _____

E-mail: _____

Date: _____

*Please type your name in the above signature field. Receipt of this completed application form from your e-mail address is proof of signature.

Please send the completed application form to contact@wabip.com