

# LAWSON WILKINS PEDIATRIC ENDOCRINE SOCIETY

6728 Old McLean Village Drive, McLean, Virginia 22101-3906

Phone: (703) 556-9222 Fax: (703) 556-8729

E-Mail: [info@lwpes.org](mailto:info@lwpes.org) Website: [www.lwpes.org](http://www.lwpes.org)

## Application for Sponsorship, Endorsement, and Affirmation

The Lawson Wilkins Pediatric Endocrine Society (LWPES) has established Sponsorship, Endorsement, And Affirmation Policies for situations where the Society is asked to publicly express approval of (or support for) an event, activity, or product that is already substantially planned or has been developed by an outside entity. The LWPES Secretary will arrange review by the appropriate committee, followed by approval by the Board of Directors.

1. For consideration, all educational programs or activities must have:
  - a. a clear Pediatric Endocrine-related mission
  - b. LWPES Members among speakers and attendees
  - c. topics meeting LWPES strategic educational needs
  - d. clearly defined outcome measurements and plan for evaluation of the activity
  - e. three learning objectives
2. Applications will be reviewed at any time.
3. All requests must complete the Application for Sponsorship, Endorsement, and Affirmation.
4. If financial support is requested, a detailed budget must accompany the application.
5. Funding will be restricted to NEW initiatives and the Society cannot guarantee funding for all submitted requests.
6. Financial support will be dependent on funds available, the number of requests and whether the program demonstrates a clear Pediatric Endocrine-related mission.
7. Following review, requests will be submitted to the LWPES Board of Directors for final approval.
8. The LWPES will not provide CME credit for endorsed conferences. Program organizers must agree to follow CME guidelines regarding disclosure of any relationships of the program faculty with commercial supporters of the program.
9. Approved programs will be advertised as “Endorsed by the Lawson Wilkins Pediatric Endocrine Society” and the Society will provide limited marketing including listing on the Worldwide Endocrine Event Calendar.

Questions – Christy McGinty, Association Manager, [christy@degnon.org](mailto:christy@degnon.org); 703-556-9225, ext. 108.

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Title of activity: \_\_\_\_\_

Location: \_\_\_\_\_

Number of day(s): \_\_\_\_\_ Date(s): Starting \_\_\_\_\_ Ending \_\_\_\_\_  
(approximate)

Approximate number of attendees: \_\_\_\_\_

Contact Person - Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Publication Plans: \_\_\_\_\_

\_\_\_\_\_

### **Submission Requirements**

It is recommended that applications be submitted 12 months prior to the anticipated date of the conference. The application form must be submitted with the following information. Incomplete packages will not be considered.

1. Provide the name, organization and email address for the Planning Committee Chair(s) and Planning Committee members
2. Provide the program outline or a description of the program including:
  - a. Statement of Need
  - b. Program Objectives
  - c. Program topics with speaker names (preliminary, non-confirmed information can be submitted)
  - d. Expected outcome measurement and/or evaluation process

3. Identify the intended audience: (Check all that apply)
- Specialties/Professions:
- Specialty physicians, please specify (i.e. endocrinologists)\_\_\_\_\_
  - Internal medicine or primary care physicians
  - Other healthcare professionals, please specify\_\_\_\_\_
- Demographics:
- Local, please specify area:\_\_\_\_\_
  - Regional, please specify area:\_\_\_\_\_
  - National
  - International, please identify % of US audience\_\_\_\_\_
4. Is financial support from the LWPES being requested?  
 \_\_\_ No \_\_\_ Yes, provide a detailed budget for the program with all sources of revenue identified (i.e. registration fees, commercial support, grants, etc.).
5. Will the meeting be supported by educational grants from commercial supporters?  
 \_\_\_ No \_\_\_ Yes, provide the name of the supporter and the amount of the grant
6. Do the conference organizers agree that outside funders will have no influence over the content of the event, the speaker/participant selection, or the content of the report or other documents produced as a result of the endorsed conference?  
 \_\_\_ No \_\_\_ Yes
7. Will the participants in the conference include a majority who are individuals without conflict of interest in the matter under study?  
 \_\_\_ No \_\_\_ Yes

Applications should be submitted to:  
 The Lawson Wilkins Pediatric Endocrine Society  
 6728 Old McLean Village Drive  
 McLean, VA 22101

Questions – Christy McGinty, Association Manager, [christy@degnon.org](mailto:christy@degnon.org), 703-556-9225, ext. 108