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# SRF Workshop AND EVENT SPONSORSHIP application form

The form below should be completed and returned with a completed Pick and Mix task list to [srf@conferencecollective.co.uk](mailto:srf@conferencecollective.co.uk). Please submit the form as a Word document.

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| --- | --- | --- | --- | --- | --- |
| **Please indicate the support package you wish to apply for. Please refer to the main workshop information to assess the package you require** | | | | | |
|  | **Package A** - Full financial and organisational support *(SRF Workshop)* | | | | |
|  | **Package B** - Partial financial and organisational support *(Workshop in association with SRF)* | | | | |
|  | **Package C** - Financial support only (Event Sponsorship with acknowledgement of SRF support) | | | | |
| **Provisional title of workshop:** | | | | | |
|  | | | | | |
| **Proposed date(s) of workshop:** | | | | | |
|  | | | | | |
| **Anticipated number of delegates:** | |  | | | |
| **Please give details of your target audience:** | | | | | |
|  | | | | | |
| **Do you have a database of contacts?** *Delete as appropriate* | | **YES** | | | **NO** |
| **Will delegates be required to pay a registration fee to attend?** | | **YES** | | | **NO** |
| **Please provide a summary of your workshop vision including; main topic of the meeting and its relevance to reproductive biology; programme format e.g. number of days, plenary and parallel sessions; details of any planned networking opportunities during the workshop. (Max 300 words)** | | | | | |
|  | | | | | |
| **Estimated number of invited speakers:** | | | |  | |
| **The SRF's journal 'Reproduction' would like to contact up to three of your confirmed speakers to provide review articles for Reproduction? Do you consent to this?** | | | | **YES** | **NO** |
| **Will there be a Call for Abstracts for poster and/or oral presentation?** | | | | **YES** | **NO** |
| **Will proceedings be published?** | | | | **YES** | **NO** |
| **Will CPD accreditation be applied for?** | | | | **YES** | **NO** |
| **Please give details of the frequency of workshop:** | | | | | |
| **AD HOC EVENT** | | | **WE PLAN FOLLOW-UP MEETINGS** | | |
| **VENUE** | | | | | |
| **Proposed venue and why it is suitable (space, location, good catchment area etc).** | | | | | |
|  | | | | | |
| **Has a provisional booking been made at the venue?** | | | | **YES** | **NO** |
| **If you plan to hold a workshop longer than 1 day in duration, please give a summary of accommodation options within walking distance of the proposed venue (e.g. student accommodation, budget hotels etc)** | | | | | |
|  | | | | | |
| **Will the workshop be co-branded with another organisation e.g. university or company?** | | | | | |
| **YES** | | **NO** | | | **MAYBE** |
| **If YES or MAYBE, please provide further details:** | | | | | |
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| **ORGANISATIONAL SUPPORT** | | | | | |
| **Please give an overview of the organisational support you require from the SRF Secretariat. Please also complete the Pick and Mix Task List to ensure we have a full understanding of the support you may require. *(Max 200 words)*** | | | | | |
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| **PUBLICITY** | | | | | |
| **Please indicate the publicity opportunities that would be made available to the SRF** | | | | | |
| **Exhibition display space** | | | | **Logo/acknowlegement of support on website** | |
| **Distribution of leaflets in wallets** | | | | **Other** | |
| **If ‘OTHER’ please provide details of options** | | | | | |
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| **SUMMARY OF COSTS**  Please indicate below the anticipated costs (GBP) | | | | | |
| **Speaker fees, speaker travel and accommodation:** | | | | **£** | |
| **Catering and venue costs (including Audiovisual costs)** | | | | **£** | |
| **Marketing:** | | | | **£** | |
| **Collateral (e.g. printed programme)** | | | | **£** | |
| **Any additional known costs\* not included above:** | | | | **£** | |
| \*Please provide details of additional known costs: | | | | | |
| **TOTAL amount requested by organisers from SRF (in GBP)** | | | | **£** | |
| **Will additional funding be sought from an alternative source  (another institute/journal/industry)?** | | | | **YES** | **NO** |
| **If YES, please give details:** | | | | | |
| **Please provide any additional information you would like the SRF to take into consideration when reviewing your application:** | | | | | |
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| **APPLICANT’S DETAILS** *(Must be paid up SRF Member 2016 & 2017 if applying for Package A or B)* | | | | | |
| **Title, first name, surname** | |  | | | |
| **Email address:** | |  | | | |
| **Telephone number** | |  | | | |
| **Please provide the names of any SRF Members on your local organising committee:** | | | | | |
|  | | | | | |
| **Your details (if different from applicant)** | | | | | |
| **Title, first name, surname:** | |  | | | |
| **Email address:** | |  | | | |
| **Telephone number:** | |  | | | |

**PLEASE SUBMIT A COPY OF THIS FORM WITH A COMPLETED PICK AND MIX TASK LIST TO SRF@CONFERENCECOLLECTIVE.CO.UK**