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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. 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:** |
|  |
| **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)*** |
|  |
| **PUBLICITY** |
| **Please indicate the publicity opportunities that would be made available to the SRF** |
|  **Logo and acknowledgement in Final Programme and on acknowledgement slides at the conferences** |  **Logo/acknowlegement of support on website** |
|  **Distribution of leaflets in wallets** |  **Other** |
| **If ‘OTHER’ please provide details of options** |
|  |
| **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:** |
|  |
| **APPLICANT’S DETAILS** *(Must be paid up SRF Member 2017 & 2018 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**