



Leading the way in Organ Transplantation

## **TERMS OF REFERENCE FOR ESOT NON-FINANCIAL ENDORSEMENT OF TRAINING COURSES ORGANIZED BY THIRD PARTIES**

- 1) ESOT will grant its support by means of non-financial endorsement, to initiatives organized by third parties, in recognition of their overall educational value in the field of transplantation. A dedicated form for requesting ESOT endorsement is available online at the following link: ([http://bit.ly/ESOT\\_endorsementForm\\_courses](http://bit.ly/ESOT_endorsementForm_courses)).
- 2) If the endorsement is granted, the third party will be allowed to use the ESOT logo in all its printed/posted materials, by using the sentence “**ESOT’s Endorsed Training Course**”. The logo will be provided by the ESOT. The third party must send any draft in which the ESOT logo will appear to the ESOT Office for final approval BEFORE this is printed and/or put online.
- 3) ESOT will also post the information related to the event on the News section of its website. Third parties are responsible to provide the ESOT Office with the logo and webpage of the event.
- 4) In exchange the third party will advertise ESOT activities by means of brochures, videos, web links and, when possible, an advertising page in the Final Program, of the endorsed Course.
- 5) The ESOT Secretary will be in charge of granting the endorsement, together with the Education Committee Chair, according to the criteria herein listed.
- 6) Granting the endorsement will be based on the **scientific program**, which must be submitted at the time of application. Topics treated by the event must be related to Transplantation or relevant to Transplant Professionals.
- 7) Commercial and/or Industry standalone events cannot apply for endorsement.

### **Criteria for Training Courses endorsed by ESOT**

- *The course must be in accordance with the overall ESOT educational philosophy and the organisers have to submit to the ESOT EC a short application summarising the history, educational value, target audience, basic programme and precious feedback for the course.*
- *The time of the course must not coincide with other major ESOT educational activities*
- *The course has to be EACCME accredited*
- *At least two members of ESOT (with their capacity as ESOT members) must be included in the faculty*
- *ESOT will not have any organisational or financial gains/ obligations for the course other than the inclusion of the course in the list of the courses endorsed by ESOT in the relevant section of the ESOT website.*
- *ESOT’s endorsement of the course will be mentioned (including the ESOT logo) in the programme, advertising leaflet, website or any other way of communication regarding the course in way that makes it clear that this is a course endorsed by ESOT and not an ESOT course.*

### **Address for correspondence:**

#### **ESOT Office**

**Riviera dei Mugnai, 8/24 - 35137 Padova (I)**

**Phone: Office +39 049 8597652 Fax +39 049 2106306**

**E-mail [office@esot.org](mailto:office@esot.org)**



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**ESOT ENDORSEMENT APPLICATION FORM**

*Full Name of the Event*

\_\_\_\_\_

*Dates and Venue of the Event*

\_\_\_\_\_

*Web-site of the Event*

\_\_\_\_\_

**CONTACT PERSON & ORGANIZATION INFORMATION**

*Name of the Organization*

\_\_\_\_\_

*First name and Last name of the contact person*

\_\_\_\_\_

*Full postal address*

\_\_\_\_\_

*Post code* \_\_\_\_\_ *Country* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

We hereby apply for the endorsement to the above mentioned event. We have read the "Endorsement Terms of Reference" here indicated and we are in agreement.

*Signature* \_\_\_\_\_

**In exchange of the endorsement, you are kindly required to display ESOT promotional material during your event. ESOT is responsible for providing flyers and booklets and delivering them (at its own cost) in due time.**

**Please, specify the number of expected participants** \_\_\_\_\_

**Please, indicate here full mailing address and other relevant information for the delivery of any promotional material:**

\_\_\_\_\_

*Full name of contact person* \_\_\_\_\_

*Phone* \_\_\_\_\_ *E-mail* \_\_\_\_\_

Please, return this form to the **ESOT Office**  
**Riviera dei Mugnai, 8/24 - 35137 Padova (I)**  
**Phone: Office +39 049 8597652 Fax +39 049 2106306**  
**E-mail [office@esot.org](mailto:office@esot.org)**