

EFI Education Committee

Regional Educational Activity Approval Form

Title of Activity: _____

Dates of Activity: _____

Number of Total Session Hours: _____

Organizer: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

Topics of the Event: _____

Target Audience: _____

Program Objectives and Brief Description of the Activity Contents:

Attach Program to Form (or link to the website)

List (name and title) of main speakers:

Attach brief CV for each speaker

Is there any Commercial Support (if yes, specify type):

Disclosure of Conflict of Interest:

Signature of applicant: _____

Date: _____