

Society for Academic Emergency Medicine Regional Meeting Application A completed application should be submitted to the SAEM office no later than 8 months prior to the date of the meeting. Copies of completed applications, a detailed budget, and a copy of the regional meeting program committee (RMPC) chair's curriculum vitae must be submitted electronically to the SAEM office at hbyrdduncan@saem.org. Questions regarding the status of a specific application should be directed to the SAEM office. Name of Meeting: Meeting Dates: Meeting Location: Attachments: Proposed Meeting Program including names of all speakers. If some speakers still tentative, please make a note. At least 50% of speakers should be confirmed (required) ☐ Proposed Meeting Budget (required) ☐ An image of the city/location of the proposed meeting for the SAEM website. Please do not use a copyrighted image. Images should be taken with a digital camera, not a smart/cell phone (required). ☐ Other (specify) Name of regional meeting program committee (RMPC) chair: Institutional affiliation: Address: Phone number: Fax number: Email address: List RMPC chair's prior experience in meeting planning and administration (use separate sheet if necessary). A copy of the RMPC chair's curriculum vitae must accompany the application. Other members of the RMPC (list name, institution, and number of years on committee for each member. Use separate sheet if necessary): Will there be a CME accrediting institution for this meeting? ∃Yes  $\square$ No If yes, name of institution: Briefly describe the primary meeting objective:

	approximate percentage of meeting sessions dedicated to each of the activities:
%	presentation of original peer-reviewed research
%	clinical education sessions
%	research or teaching skills development sessions
%	medical student and resident programming
%	other (committees, social, etc.)
	ed total meeting attendance (estimate):
Estimate	the percentage of meeting attendees from each of the following categories:
%	residents and medical students
%	junior-level academic EM faculty (instructor, assistant professor)
%	senior-level academic EM faculty (associate professor, professor)
%	practicing clinicians
%	other (including nurses, pre-hospital providers, etc.)
Is this me	eting new or established?
If establis	hed, list prior years meeting has been held:
Will corpo	prate sponsors provide funds for specific speakers or sessions?
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· ·	orate sponsors participate in the process of choosing sessions or
speakers	for the meeting program?
Indicate th	ne name of the SAEM BOD member who will be participating in this regional
meeting.	Every regional meeting should make an allowance for a 15-20 minute
	nt presentation by the BOD member. Additional ways to incorporate BOD
	invite them to speak, serve on panels and moderate poster sessions. (See list
	embers on following page.)
name of	BOD member:
	copy of a detailed budget for the meeting. In the space below, describe how
	will handle any deficits or profits that might result from this meeting. *Please include
φ i ,υυυ in	support from SAEM that may be requested upon approval of this application.

Signature of RMPC chair:

Date of application:

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