

Indian Society of Pediatric Nephrology (ISPN)

EXPRESSION OF INTEREST FORM

(For hosting the annual national conference)

Dated:

We, Drs _____ on behalf of our team from city of _____ wish to bid for hosting the future ISPN national conference in year _____

Previous ISPN conference held in the same host city in year _____

Please provide the following information

Host City name:

Number of ISPN members from Host city:

Proposed main organising team members:

Supporting local academic body/ institute/ organisation:

Type of organisation:

Proposed dates:

City details:

Metropolitan city/ town, etc :

Distance (km) of conference venue- from major railway station

-From major airport:

Average distance from shortlisted hotels for delegates to conference venue and time taken:

Conference venue details;

Proposed conference venue:

Whether available for proposed conference dates

Proposed venue for workshop if different from conference venue

Distance of workshop venue form conference venue

Number of halls with seating capacity

Proposed options for accommodation and stay for faculty and delegates:

Range of tariff for accommodation:

Distance of conference venue from the conference hotel/ accommodation hotel

Budget:

Proposed Registration fees for delegates/trainees, allied health and non-ISPAN members

Whether fee for faculty waived

Registration: Yes/No

Accommodation: Yes/No

Any major conference coinciding with the same dates as of proposed ISPN conference in the same host city: Yes/ No:

If Yes – state details

Options for local sightseeing and details

Applicant signatures

Endorsed by

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Final remarks by ISPN executive committee: -
