

Received: \_\_\_\_\_

## Request Form AAPM Specialty Meeting

The Specialty Meeting Oversight Subcommittee (SMOS) has been established to review requests for all proposed AAPM specialty meetings, other than the Annual Meeting of the Association, with the primary purpose of ensuring proposed meetings:

1. Present relevant and timely topics without conflict or duplication,
2. Are scheduled to best utilize staff resources,
3. Are of benefit to medical physicists and related professionals,
4. And will be a fiscally sound endeavor for the Association.

### SUBMISSION PROCESS

#### **PART 1: Concept Approval**

Prior to submitting the request to the SMOS, applicants must first have approval for the concept of the proposed meeting from one of the following AAPM entities:

- Administrative Council
- Education Council
- Professional Council
- Science Council
- Board of Directors
- Executive Committee

Forward the completed form to the chairperson of the approving entity for review/approval.

*NOTE: Specialty meeting budgets are not part of the approving entity budget.*

#### **PART 2: Submission Instructions**

After approval of the concept has been granted, forward completed form as directed.

The request will be reviewed by the SMOS.

Applicant will be notified with a determination within 2 weeks of the receipt of the request.

Submit to:

AAPM Specialty Meeting Oversight Subcommittee (SMOS)  
C/O Lisa Rose Sullivan  
AAPM  
One Physics Ellipse  
College Park, MD 20740  
Fax: 301-209-0862  
Email: lrose@aapm.org

## PROGRAM INFORMATION

### Pre-Approval Information:

Appropriate information regarding the proposed meeting has been reviewed and the concept approved by the following AAPM entity:

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative Council | <input type="checkbox"/> Education Council   |
| <input type="checkbox"/> Professional Council   | <input type="checkbox"/> Science Council     |
| <input type="checkbox"/> Board of Directors     | <input type="checkbox"/> Executive Committee |

Chairperson Name: \_\_\_\_\_

### AAPM Organizing Group Information:

Council/Committee/Subcommittee/Group Name (if applicable):  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Is staff support needed from AAPM?     Yes     No

Is the request to co-host/jointly-host this meeting with other groups or organizations?     Yes     No

If yes, please list potential groups/organizations to serve as co-hosts and explain the purpose and/or need for co-hosting the activity:

### Proposed Program Summary:

Program Title: \_\_\_\_\_

Describe the Purpose of the meeting:

Describe the Goals of the meeting:

Target Audience:

- Physicists       Technologists       Engineers       Dosimetrist

Others (please list):

_____	_____
_____	_____
_____	_____

Expected attendance number: \_\_\_\_\_

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**Organizing Committee Information:**

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List names of proposed AAPM members and non-members on the Organizing Committee:

_____	_____
_____	_____
_____	_____
_____	_____

Names

Organization Affiliation

_____	_____
_____	_____
_____	_____
_____	_____

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**Program Director(s) Information:**

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List names of proposed individual(s) to serve as Program Director(s) and organization affiliation:

Names

Organization Affiliation

_____	_____
_____	_____
_____	_____
_____	_____

**Preferred Dates:**

Please be advised, dates for programs hosted by AAPM and other organizations (ACMP, RSNA, ASTRO, SPIE, etc) should be considered when selecting preferred dates:

Preferred Dates:

1st _____	4th _____
2nd _____	5th _____
3rd _____	6th _____

**Preferred Program Location and Facility:**

Please consider the time of year, weather conditions, airport/transportation accessibility, and food service venue accessibility when identifying a potential location/facility for the program.

Preferred List of Cities:

1st _____	4th _____
2nd _____	5th _____
3rd _____	6th _____

Type of Facility:

- Hotel property
- Airport Hotel property
- Other/ Describe: \_\_\_\_\_
- Convention Center
- University facility

Number of Session Rooms required: \_\_\_\_\_ Exhibit space needed:  Yes  No

**Proposed Program Format, Schedule, Topics:**

The following information:

1. Duration of meeting: \_\_\_\_\_ days
2. Describe the general format and educational methods to be used in the program: (ex. Classroom, breakout sessions, hands-on sessions, exhibits, poster presentations, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

3. Potential topics of presentations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_