AAPM SPECIALTY MEETING REQUEST FORM

The Specialty Meeting Oversight Subcommittee (SMOSC) has been established to review requests for all proposed AAPM meetings, events or conferences that require AAPM staff involvement, other than the Annual Meeting, Summer School, Spring Meeting and AAPM Governance Meetings* of the Association, with the primary purpose of ensuring proposed meetings or conferences meet the AAPM Administrative Policy 92 for a specialty meeting.

• A governance meeting is defined as an AAPM group that meets to discuss AAPM business.

REVIEW — ADMINISTRATIVE POLICY 92

Before considering the planning of a specialty meeting, applicants are asked to review AAPM AP 92 – Policy for a Specialty Meeting.

SUBMISSION PROCESS

PART 1: CONCEPT APPROVAL

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

• Administrative Council
• Education Council
• International 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 SMOSC.

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

Submit to:
AAPM Specialty Meeting Oversight Subcommittee (SMOSC)
C/O Lisa Rose Sullivan
C/O Lisa Rose Sullivan
Email: lrose@aapm.org
Appropriate information regarding the proposed meeting has been reviewed and the concept approved by the following AAPM entity:

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

☐ I confirm the indicated group approved this proposal.

## 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 goals/objectives of the meeting:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Describe the potential topics of the meeting:

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Target Audience:
☐ Physicists  ☐ Technologists  ☐ Engineers  ☐ Dosimetrist
☐ Other (list): __________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Expected attendance number: _________________________________________________________________________________________

■ ORGANIZING COMMITTEE INFORMATION

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

■ PROGRAM DIRECTOR(S) INFORMATION

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

1st ___________________________  4th ___________________________
2nd ___________________________  5th ___________________________
3rd ___________________________  6th ___________________________
PROPOSED PROGRAM FORMAT, SCHEDULE, TOPICS

1. Duration of meeting: _______ days
2. Do you anticipate poster presentations?  □ Yes  □ No
3. [In-person only] Describe the general format and educational methods to be used in the program: (ex. breakout sessions, hands-on sessions, exhibits, etc.)

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

PREFERRED PROGRAM LOCATION AND FACILITY (IF IN-PERSON)

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.

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

Type of Facility:
□ Hotel Property  □ Airport Hotel Property  □ Convention Center  □ University Facility
□ Other (describe): ____________________________________________

Number of concurrent Session Rooms required: _______ Exhibit space needed:  □ Yes  □ No