

American Society for Histocompatibility and Immunogenetics

**ASHI**  
AMERICAN SOCIETY FOR  
HISTOCOMPATIBILITY &  
IMMUNOGENETICS



Local Meeting Start Up Guide



## Guide to Setting Up a Local Meeting

**Goal:** To engage technologists in inter-laboratory learning activities. Technologists are encouraged to take leadership in planning the local meeting.

**Eligibility:** To be eligible for funding, there must be two or more local laboratories participating in the meeting. Vendors are not eligible. Priority will be given to new applicants and to groups that have not received this funding in the past two years. Local laboratory groups that have received funding may reapply annually.

**Timing:** Applications will be reviewed twice a year, March 1 and August 1. An announcement will go out to the membership announcing the two deadlines several months in advance of each. ASHI anticipates funding 6-8 applications each year.

**ASHI Support:** ASHI will facilitate this activity by providing guidance on the process to develop a local meeting (described in this manual) as well as by providing limited funding (maximum \$1500) to support the meeting. Laboratories should attempt to use local speakers and institutional facilities (if available) to reduce costs.

## Contents:

- Local Meeting Start Up Guide Overview
- Sample Meeting Agenda
- Local Meeting Funding Application
- Post Event Requirements
- Estimated/Final Budget
- Photo Release Form
- ABHI Approved Provider Process
- ABHI Approved Provider Request Form
- ABHI Provider Fee Schedule

**Application:** Complete the funding application form and provide a detailed budget. Funded applicants are required to submit a report following the meeting. The requirements for the report are described below. Submissions should be sent to ASHI Headquarters – 1120 Rt. 73, Suite 200, Mt. Laurel, NJ 08054

**Request for Financial Support:** Use the enclosed budget form in your application. The budget should include both expenses and revenue from attendees or sponsors.

**Attendance Fees:** You may charge a modest fee to the attendees to cover a portion of the expenses.

**Vendor Support:** You may solicit, on your own behalf, support from vendors. ASHI neither encourages nor discourages this action.

**W9 Form:** ASHI will require a completed W9 form before funds can be disbursed. Submitting a completed W9 form allows ASHI to report to the IRS regarding the funds paid to you in order to host a local HLA meeting. The tax ID of US individuals is either the SSN - Social Security Number (in most cases) or the ITIN (Individual Taxpayer Identification Number) in some situations. The tax ID of US entities is the FEIN – Federal Employer Identification Number, sometimes also referred simply as EIN.

**Review of Applications:** Applications will be reviewed by the Executive Committee of the ASHI Board. Approval will be based on encouraging participation of new groups, local laboratory participation, proposed agenda, and a program oriented to the educational mission of ASHI. A list of approved applicants and their proposed agendas will be provided to the Regional Workshop Subcommittee to facilitate planning.

# Local Meeting Planning Guide:

1. Identify nearby laboratories (within driving range) and inquire about their interest.
2. Plan the meeting for 4 to 6 hours with a start time to allow driving to the meeting site and returning home the same day.
3. Identify a planning committee member from each participating laboratory to develop a meeting agenda.
4. Develop meeting agenda, location, date and time.
5. Recruit presenters from each participating laboratory to address a specific topic or to present a case study.
  - 5.1 Presenters should provide learning objectives and a very brief overview of their presentation. This information will be requested on the ASHI funding application and in the final report due after the meeting.
6. Submit ABHI CE application.
  - 6.1 Make sure you have a meeting roster and sign in sheet to document attendance for ABHI credit. You should prepare a certificate of attendance for attendees; the certificate should list the ABHI course number and the number of credits earned. Credit will be calculated by ABHI at the rate of 0.15 CEC per contact hour.
  - 6.2 Presenters may receive continuing education credits for their presentation; a copy of the program or similar documentation is required for the CE. Meeting organizers do not need to request these credits; this is done by the presenter when renewing their certification with ABHI
7. Identify a room of sufficient size and reserve as far in advance as possible.
8. Make arrangements for a lunch or snack.
9. Submit a request to ASHI for financial support using budget form.
10. Enjoy the meeting and encourage attendees to post photos to ASHI social media.
11. Upon completion of your meeting, ask participants to complete an evaluation of the meeting (agenda, location, facility) and suggest items for the next meeting.

## Sample Meeting Agenda

### Month/Day/Year

- 9:30 – 10:00 Registration, Meet & Greet
- 10:00 – 10:05 Welcome
- 10:05 – 10:45 “ASHI Laboratory Accreditation and Inspections”
- 10:45 – 11:30 “APOLI Typing in the HLA Lab or: How I learned to Stop Worrying & Love Chromosomes Besides No. 6”
- 11:30 – 12:00 “Flex Star Validation”
- 12:00 – 1:00 LUNCH
- 1:00 – 1:30 “A Lupus Patient Case Study”
- 1:30 – 2:00 “Antibody Case Studies from a Transfusion Perspective”
- 2:30 – 3:00 AFTERNOON BREAK
- 3:00 – 3:30 “National Kidney Registry”
- 3:30 – 4:00 “Round Table Discussion”
- 4:00 – Closing Remarks

# Local HLA Educational Meeting Funding Application\*



If you are interested in coordinating a local HLA meeting for your lab, please submit your completed form to [info@ashi-hla.org](mailto:info@ashi-hla.org). This application can also be completed on the ASHI website using the [online form](#).

*\*Please note that vendors are not eligible to apply for funding.*

Coordinating Center Information	
Lab Name:	Contact Name:
Lab Address:	City:
State:	Zip Code:
Contact Email:	Contact Phone:
Meeting Details	
Meeting Date:	Location:
Meeting Time:	Participating Laboratories:
Proposed Meeting Agenda:	
<b>Topic 1 Title:</b> Presenter: Objectives:  Time:	
<b>Topic 2 Title:</b> Presenter: Objectives:  Time:	
<b>Topic 3 Title:</b> Presenter: Objectives:  Time:	

**Topic 4 Title:**

**Presenter:**

**Objectives:**

**Time:**

**Topic 5 Title:**

**Presenter:**

**Objectives:**

**Time:**

**Topic 6 Title:**

**Presenter:**

**Objectives:**

**Time:**

## **Funding Request Justification**

Justify the significance/impact of the proposed agenda:

Why is funding needed?

What would be the impact of not receiving funding?

Has funding been received in the last 2 years?

Amount requested (\$1,500 maximum)?

# American Society for Histocompatibility and Immunogenetics

## Post Event—Local Meeting Grant Reporting Requirements

As a condition of the grant, certain information will be needed from you after your local meeting has taken place. The following is a list of the required information and the format in which it should be submitted.

ITEM	FORMAT	INFORMATION NEEDED	NOTE
List of Registrants/Attendees	Excel	Names & email addresses, affiliations, mailing addresses, titles/ranks (eg., Technologist or Doctoral, etc.) <i>Please use one column for each category</i> (eg., first name, last name, title, institution, email, street, city, state). Do not combine entire name or address into one column. <i>(Note: none of this information will be made public; it is for use by the Membership Committee only)</i>	Required
Report on Event	Word	Information should include but is not restricted to: <ul style="list-style-type: none"> <li>• Purpose of the event</li> <li>• Event highlights</li> <li>• Number of attendees</li> <li>• Names of sponsors (if any)</li> <li>• Name and contact information of organizers</li> <li>• List of speakers</li> <li>• Names of any awardees (if any)</li> </ul>	Required
“Success Story”	Word	At least on brief “success tagline” illustrating how the event increased interest in ASHI, or any other positive result that could be used in future publicity.	Required
Financial Report	Excel	Information should include but is not restricted to: <ul style="list-style-type: none"> <li>• Cost of speakers, if they were paid</li> <li>• Travel expenses for speakers, if paid</li> <li>• Cost for ABHI credit</li> <li>• Cost of food &amp; beverage, if any</li> <li>• Cost for venue, if applicable</li> <li>• Cost of advertising flyers, program and/or other support materials</li> <li>• Cost of audiovisual, if any</li> <li>• Revenue from sponsors, if any</li> <li>• Revenue from registrations, if charged</li> </ul>	Required
Short Descriptions of Topics	PDF	Include brief descriptions of topics which were covered in your agenda	Required



ITEM	FORMAT	INFORMATION NEEDED	NOTE
Event Program	PDF	Copy of program for the event	If one was created
Advertising Flyer	PDF	Copy of flyers made to advertise event	If any were created
Photos	JPG	Any photos of interest	Optional
Feedback	Any	If any surveys were conducted, or feedback on the event received, that are deemed of value to future local meeting event hosts, please provide them	Optional

All items should be sent electronically to [info@ashi-hla.org](mailto:info@ashi-hla.org) within 90 days of your event. Please let us know if you have any questions.



## American Society for Histocompatibility and Immunogenetics

1120 Route 73, Suite 200

Mount Laurel, NJ 08054

(856) 638-0428

# Estimated / Final Budget

Anticipated attendance:                      (number)

<b>EXPENSES</b>		
<b>ITEM</b>	<b>JUSTIFICATION</b>	<b>BUDGET</b>
Any facilities or audiovisual fee		
Food and beverages for lunch and coffee break		
ABHI fee for continuing education credits		
Any speaker's fee or travel costs		
Cost of advertising, program and/or any other support materials		
Other (describe)		
<b>INCOME</b>		
Registration fees		
Vendor contributions		
Other (describe)		



### ***Photo Release Form***

American Society for Histocompatibility and Immunogenetics

1120 Route 73, Suite 200

Mount Laurel, NJ 08054

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to the American Society for Histocompatibility and Immunogenetics (ASHI), its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize ASHI, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that ASHI may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature, parent or guardian: \_\_\_\_\_

(if under age 18)

## **CONTINUING EDUCATION PROGRAM PROCESS FOR BECOMING AN APPROVED PROVIDER**

- 1.** The provider must submit to ABHI a description of the program detailing the content, the presenter(s), and the target group of attendees on the CE Activity Form
- 2.** This description must be submitted 30 days prior to the meeting or start of annual program
- 3.** Complete application and submit appropriate fee
- 4.** The program must fulfill the following requirements of a Program of Continuing Education (PCE):
  - A. The program should be a planned learning experience designed to promote the continual development of knowledge, skills, and attitudes
  - B. The program must be a minimum of one (1) hour
  - C. The program should have qualified instruction and direction to assure that the educational objectives will be fulfilled
  - D. The program content, format and methodology must be conducive to achieving the program objectives
  - E. Program objectives should be stated in terms of what the participant will be able to do at the end of the program that he/she could not be expected to do prior to the program
  - F. The time schedule should be set up in an orderly and systematic fashion
  - G. The faculty members should have the background and experience necessary to teach the course, (abbreviated CVs required for each presenter)
  - H. Program content must cover at least one of the major fields of the current ABHI "Statements of Competence for Histocompatibility Personnel" and will be a formal scientific/career-related continuing education program
- 5.** Program approval and the number of CEC's and contact hours earned will be determined by ABHI and reported to the provider
- 6.** The provider should advertise that the program has been submitted or approved for ABHI Continuing Education credit
- 7.** The provider must provide to each participant, as appropriate documentation, a "Certificate of Attendance" which includes the following (may be completed after the program):
  - A. The number of contact hours and CEC's earned
  - B. The name and address of the accrediting agency, ABHI
  - C. The course number issued by ABHI
  - D. A selection of categories and/or topics for the continuing education activity, e.g. include a check box for applicable topics, e.g. histocompatibility, serology, immunology, immunohematology, molecular genetics and/or supervision/administration
- 8.** A list of all participants must be sent to ABHI (may be submitted after the program)
- 9.** If approved program content is revised, an updated CE activity form must be submitted to ABHI prior to issuing certificates of attendance



# ABHI Fee Schedule for Approved Providers

Category	Provider	Fees or Corporate/Vendor Sponsorships	Program Hours	Fee
<b>A</b>	Laboratory Organization Society	No attendee registration fees, membership fees, or sponsorships collected	15 or fewer hrs per year	\$50
<b>B</b>			More than 15 hrs per year	\$100
<b>C</b>	Laboratory Organization Society	Program collects registration fees, membership fees, or sponsorships	15 or fewer hrs per event	\$200
<b>D</b>			More than 15 hrs per event	\$400
<b>E</b>	Corporate Commercial Vendor	Sponsorship	10 or fewer hrs per program	\$500
<b>F</b>			More than 10 hrs per program	\$600
<b>G</b>	Laboratory, Organization, Society, Corporate, Commercial or Vendor	Not applicable	Offering same program at multiple venues	\$1000

For additional information, please contact the Chair of the Continuing Certification Committee or refer to

<http://www.ashi-hla.org/abhi>



AMERICAN BOARD OF HISTOCOMPATIBILITY AND IMMUNOGENETICS (ABHI)

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The American Society for Histocompatibility and Immunogenetics (ASHI) is a not-for-profit association of clinical and research professionals including immunologists, geneticists, molecular biologists, transplant physicians and surgeons, pathologists and technologists. As a professional society involved in histocompatibility, immunogenetics and transplantation, ASHI is dedicated to advancing the science and application of histocompatibility and immunogenetics; providing a forum for the exchange of information; and advocating the highest standards of laboratory testing in the interest of optimal patient care.



## MISSION AND VISION

### OUR MISSION

The American Society for Histocompatibility and Immunogenetics is an international society of professionals dedicated to advancing the science, education and application of immunogenetics and transplant immunology.

### OUR VISION

ASHI is the foremost authority and leading educational resource in immunogenetics and histocompatibility. Our vision is to improve the quality of human life and health through the translation and implementation of scientific innovations to clinical practice.

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