



ISPAD Postgraduate Courses Form 1 (pre-meeting)
Information before the Postgraduate Course

Type of Course

- **ISPAD Facilitated**
 (=ISPAD provides speakers/
 logo/no financial support)
 or
- **ISPAD Organized**
 (=ISPAD is involved in program
 development, co-organizer)
 with financial support
 without financial support)

Date of the Course:/...../.....
 Place:
 Local organizing entity:
 Local organizer link ISPAD:
Objectives of the meeting

Draft Program and list speakers (attach a PDF Copy, please)
Participants

Expected number
 Professions: Healthcare professionals
 pediatricians
 internists
 fellows endo ped
 pediatric endo/ped

Financial support external:	YES	NO
Financial support local:	YES	NO
Delegates Paying	YES	NO

To be submitted prior to the meeting to:
ISPAD Secretary General
secretary-general@ispad.org