# Endorsement by FEMS Delegate of FEMS Member Society

## Please offer an opinion on the following *(tick relevant box):*

|  |  |
| --- | --- |
| 1 | The quality of the programme (as judged by the relevance of the topics, the balance of those aspects listed for discussion and the overall quality of the listed speakers) |
|  |   | Low |[ ]  Moderate |[ ]  High |[ ]
| 2 | The probable impact of the meeting at the |
|  | National level | Low |[ ]  Moderate |[ ]  High |[ ]
|  | International level | Low |[ ]  Moderate |[ ]  High |[ ]
| 3 | Will your society financially support the meeting |  |  |  |  |
|  |  | Yes |[ ]  No |[ ]
|  |  |  |  | If yes, please indicate amount in EUR: | e.g. 123.45 |
| 4 | Will your society assist with the administration of the meeting |
|  |  | Yes |[ ]  No |[ ]
| 5 | Comments on the programme and budget |
|  | Click or tap here to enter text. |
|  |  |

|  |  |
| --- | --- |
| Name of endorsing FEMS Delegate | Click or tap here to enter text. |
| Date of signing | Click or tap here to enter text. |
| Name  | Signature |
|  |
| *Provide name and address details of contact person in country where meeting is held (only in case of endorsement by a multinational society or a society located outside the country where the meeting is held – see regulation no 4).* |
| *Contact person* | Click or tap here to enter text. |
| *Name* | Click or tap here to enter text. |
| *Address* | Click or tap here to enter text. |