# 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. |