Kuwait Thoracic Society
Kuwait Medical Association

رابطة أطباء وجراحي الصدر الكويتية الجمعية الطبية
الكويتية

EVENT ORGANIZATION FORM – KUWAIT THORACIC SOCIETY APPROVAL AND ENDORSEMENT

Please complete this form to propose an event for Kuwait Thoracic Society approval and endorsement. This form is for companies, departments, or individuals affiliated with the Kuwait Thoracic Society to provide details about their event, suggest dates, suggest speakers, and indicate support preferences.

Organization Details

Name of Institution/Company/Department/Individual: _____

Contact Person: _____

Email: _____Phone: _____

Event Details:

Event Title: _____

Arabic title of event (for media): _____

Event Description / Details:

_____

_____

Target Audience: _____

Expected Number of Participants: _____

Type of EVENT:
Event Type: Choose an item.

If other: _____

Event Date(s):
From: _____
to: _____
Time: _____

(Please attach tentative schedule and or topics)

Chairman details (if Available)

Name: _____

Email: _____**Phone:** _____

Type of Support:

Please select what's needed from KTS:

☐ Full Support	☐ Mail Campaign
☐ **KTS Speakers**	☐ Online Registration System through KTS
☐ **Venue**	☐ Onsite Registration System
☐ **CME Accreditation**	☐ E-Certificate for participants
☐ Social & Logistical Support	☐ Financial Coordination (KU/KFAS/Sponsors)
☐ Media (Newspaper / social media) advertisement	☐ Website Design/Development
☐ Scientific Support (Database / Abstract)	☐ workshop materials
☐ Associated Societies endorsement	

Additional Notes/comments

_____

Declaration

I hereby declare that the above information is accurate and request the Kuwait Thoracic Society's approval and endorsement for the proposed event.

Name: _____ Signature: _____

Date: _____

The completed form should be sent to Dr Sulaiman Khadadah, smousakhadadah@moh.gov.kw

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Kuwait Medical Association
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