***ECCO Educational Workshop host destination application   
Workshop year: 2019***

Country applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with the following information:

Proposed dates stated in the order of preference (max. 3 options) and whether it would be attached to a national meeting:

1.­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Attached to a national meeting? Yes No

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Attached to a national meeting? Yes No

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Attached to a national meeting? Yes No

Attached to a national meeting:

If yes, how many delegates are expected? \_\_\_\_

Possible Venue/city (hotels / congress centre):

Name(s) of local organiser (Contact person for ECCO Office):

Name:   
Phone:

E-mail:

Possible sponsors (incl. contact details):

Company name, contact person, phone, e-mail…

Target audience (who is expected to attend? i.e. trainees, surgeons, mixed specialties)

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

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

***Deadline for applying: September 1, 2018***

Please send a scanned copy to [ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu) or

fax it to +43-(0)1-710 22 42-001. Thank you.