



WIP Endorsement of Educational Activity Application Form

(Only active WIP members with a FIPP certificate may apply.)

PROGRAM DIRECTOR INFORMATION

Your name	Today's date
Name of your pain center or professional affiliation	
Business address	City of Township
State / Province / Region	Country
	Zip / Postal Code

PROGRAM INFORMATION

(*PLEASE SUBMIT YOUR PROGRAM OUTLINE, SYLLABUS, AND ROSTERS OF ORGANIZING COMMITTEE AND PROPOSED FACULTY)

Name of scientific program or event	Date(s) of event
Location/Venue – conference facility where event will be held	City / State/ Region / Country
List any industries that have already committed to sponsor this activity.	

Description of program/event. (check ALL that apply)				
	Lectures	Workshop	Other (define)	
Number of speakers and moderators.			Total hours:	
	Total Number	Total FIPPs	CME accredited? CME provider, if applicable:	Yes No
Target audience (check ALL that apply)				
	Physicians	Resident Physicians	Nurses	Other (define)

Optional comments about your program or event (or attach as a separate sheet or by email):

You agree to the terms and conditions of the WIP policies and procedures for educational activity endorsement, including payment to WIP of \$1,000 USD upon approval of the endorsement application and 10% of the profit from this event.

Program Director's Signature **E-mail Address**

Email or FAX a copy of the preliminary program, list of program directors, and faculty with credentials to:

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