



**Non- CE Webinar
Guidelines & Request Form**

The following guidelines apply to webinars posted by ITNS on behalf of an external group:

1. ITNS must approve the content of all webinars presented to ITNS members on behalf of an external party. Content must fit the submission requirements provided by ITNS.
2. All orders are subject to approval based on criteria set forth in ITNS policy on webinar. ITNS reserves the right to refuse or accept any webinar request for any reason.
3. Allow seven to ten (7-10) working days (this includes a 2-day review process) from the date the form and draft message are received by ITNS.
4. ITNS policy states that no more than one webinar may be posted per month. ITNS will suggest two options for webinar date/time for supporting organization to choose. Webinar must be scheduled as to not conflict with other ITNS educational events.
5. ITNS will send 1 promotional e-blast to members and post the webinar information on the calendar of events. E-blast will be sent according to ITNS e-blast policy.
6. **Pre-payment** of webinar is **required** for all orders.

Requested Date & Time of Webinar: _____

Recording of the webinar Yes No

Supporting Organization Name: _____

Title of Program: _____

For use in ITNS webinar platform and marketing materials, please submit the below electronically to mpaulson@itns.org with application:

- Company logo in .eps or .jpg format
- 50-word description of the program
- Learning objectives
- Short bio on speaker(s) and photo, if available

Contact information:

Contact Person: _____

Title: _____

Company Name: _____

Address: _____

City, State: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____



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ITNS to fill out the below portion and return to sender:

Date received: _____ (Topic will be reviewed within 5 business days of receipt)

ITNS Approval Signature: _____ Date: _____

Request Denied Signature: _____ Date: _____

Reasons: Topic Not Appropriate for audience Requested time slot not available

Return this form to:

Mary Paulson, ITNS Manager, Professional Relations and Development
International Transplant Nurses Society
8735 W. Higgins Road, Suite 300, Chicago, IL 60631
Phone: 847.375.4803 | fax: 888.374.7259 | email: mpaulson@itns.org

Payment information: You may pay by check or credit card.

If paying by credit card: Fax the completed application to 888.374.7259 with payment information. Email the company logo and webinar description to mpaulson@itns.org with the subject line: ITNS Webinar Application.

If paying by check: Send a copy of the completed application with payment to: International Transplant Nurses Society; P.O. Box 3781, Oak Brook, IL 60522.

Fee: \$2,500 USD

MasterCard Visa Discover American Express

Account number _____ Expiration Date: _____

For credit card payment please add a 3% service fee.

Name (as it appears on credit card): _____

Authorized Signature: _____

Check # (made payable to ITNS): _____