



ISOQOL Education Course Hosted Event Application

HOST ORGANIZATION INFORMATION

Company/Institution _____

Primary Contact Person: First Name _____ Last Name _____

Email _____ Phone _____

Address of Venue/Organization (Where would the course be held?) _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

REQUESTED DATE OF COURSE

**Course is subject to ISOQOL & Faculty availability*

1st Choice: _____

2nd Choice: _____

REQUESTED EDUCATION COURSE

Introduction to Patient-Centered Outcomes Research (PCOR) for the Pharma/Biotech Industry

Introduction to Quality of Life and Patient Reported Outcomes (PROs)

ISOQOL WILL PROVIDE:

- In-person training at the location of your choice
- Intro Education Course curriculum for each attendee
- Official ISOQOL Dictionary for each attendee
- Certificates of attendance

THE HOST IS RESPONSIBLE FOR:

- Venue to accommodate attendees
- List of participants attending course
- Audio visual (minimum screen, projector and laptop)
- Food and beverage is optional

COURSE TIMELINE

When	What	Who
12 Weeks Prior	Submit the Course Application to the ISOQOL Office.	Host Organization
10 Weeks Prior	Process application, confirm date and send general promotional materials	ISOQOL Office
9 Weeks Prior	Secure travel arrangements for Course Faculty	ISOQOL Office
4 Weeks Prior	Confirm names and final number of all attendees w/ ISOQOL Office	Host Organization
Day of Course	Setup and Present Course to Attendees	Host Organization/Course Faculty
2 Weeks Post	Receive evaluations and create and ship certificates	ISOQOL Office

Hosted Event Application cont.

FEES - *All prices listed in US Dollars

Registration includes printed course materials, certificate, & copy of the official ISOQOL Dictionary.

\$300.00 USD per person (Minimum of 25 people)

Estimated Number of Attendees _____

PAYMENT INFORMATION

Payment must be in US dollars.

TOTAL \$ _____

Please note payment type:

- Check:** (Must be in US dollars, drawn on a US bank, and made payable to ISOQOL)
- Credit Card** (Circle type): / MasterCard / Visa / AMEX / Discover

Card Number: _____ Expiration Date ____ / ____

Name as Printed on Card (please print): _____

For electronic bank transfer, contact the ISOQOL Office for bank details at info@isoqol.org.

Return completed form and payment information to:

ISOQOL Office

555 East Wells Street, Suite 1100

Milwaukee, WI USA 53202

Phone: +1 (414) 276-9797 | Fax: +1 (414) 276-3349 | Email: info@isoqol.org