

Package Includes:

- In person training from PRO/PCO experts at the location of your choice
- Printed education course curriculum materials for each attendee
- Official ISOQOL Dictionaries for each attendee
- Certificates of attendance

Host Must Provide:

- Venue
- List of participants attending the course (minimum 25)
- AV for audio and visual requirements (screen, projector and laptop)
- Food and beverage (optional)

Planning Timeline

When	Task	Who
12 Weeks Prior	Submit a Education Course Hosted Event Application	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 count of course attendees with ISOQOL Office	Host Organization
Day of Course	Setup and present course to attendees	Host Organization and Course Faculty
2 Weeks Post	Receive evaluations and ship certificates	ISOQOL Office



Education Course Hosted Event Application

Requested Education Course

- Introduction to Quality of Life and Patient-Reported Outcomes
Theory, Measurement and Applications
- Introduction to Patient-Centered Outcomes Research for the Pharma/Biotech Industry
Informed Decision Making for Regulators, Payers, Prescribers and Patients

Requested Date of Course

Course dates subject to ISOQOL and faculty availability

1st Choice _____ 2nd Choice _____

Host Organization Information

Company/Institution _____

Venue/Organization Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Primary Contact Information

First Name _____ Last Name _____

Email Address _____ Phone Number _____



Education Course Hosted Event Application

Fees

All prices listed in US dollars

\$300.00 per attendee

Minimum 25 attendees required. If host is unable to meet the 25 attendee minimum, they must cover the cost of missing registrations.

Estimated Number of Attendees _____ Total Cost _____

Payment Information

Payment must be in US dollars.

Check (Must be in USD, drawn on US bank and made payable to ISOQOL)

Credit Card (Circle Type): Mastercard / Visa / AMEX / Discover

Card Number _____

Expiration Date ____/____

Name as Printed on Card _____

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

Return completed form and payment information to the ISOQOL Office.

Phone: + 1 (414) 276 - 9797

Fax: + 1 (414) 276 - 3349

Email: info@isoqol.org

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