



The *Movement* Disorder Society

SUPPORTED MEETINGS APPLICATION

Title of Meeting: _____

Primary Organizer: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Web site: _____

Proposed date(s) of Meeting: _____

Proposed Planning Committee Members: _____

Proposed Meeting Site: _____

Proposed Meeting Organizer (e.g., agency): _____

Estimated Attendance: _____

Proposed Meeting: (please attach an explanation, brochures, flyers, programs, faculty, etc.)

Mechanism of Meeting Announcement:

Financial Data:

Person with Fiduciary Responsibility (name, title) _____

Location where financial accounts are held:

Attach a complete budget including details on projected income and expenses.

Please enter summary figures from attached budget below:

Projected Total Income \$ _____

Projected Total Expenses \$ _____

Projected gain/loss \$ _____

Amount MDS support requested \$ _____

Projected additional support (please list sources/amounts):

Signature: _____ Date: _____

Please return to:

The *Movement Disorder Society*
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Fax: +1 414-276-3349
E-mail: pkane@movementdisorders.org