



INTERNATIONAL
ASSOCIATION OF
**THERAPEUTIC DRUG
MONITORING AND
CLINICAL TOXICOLOGY**

Terms of Reference Regional Meetings

1. Regional meetings will generally be scheduled to take place in the “off-year” of the Congress with the first one to take place in 2010.
2. IATDMCT will permit two consecutive regional meetings (held every second year) in one region geographical area.
3. The meeting will preferably be organized by a local organization or have university backing.
4. The dates of planned regional meetings should be discussed with the Executive/Council before finalizing the dates. This is very important as the regional meetings should not have a negative effect on fundraising efforts for the main IATDMCT meeting held every two years.
5. The organizing committee is expected to obtain approval from the Executive Committee prior to proceeding with the organization of the meeting. Regular reports of progress from the Organizing Committee must be submitted to the IATDMCT Executive.
6. IATDMCT will commit financial support for selected Regional meetings, however, the goal is to develop or build a local organization that can organize and financially support its own meetings. The IATDMCT will continue to offer support in the form of meetings held under the auspices of IATDMCT.
7. Expenses and registration should be kept at a modest level by holding the meeting in a university or hospital setting.
8. Certificates of attendance must be provided to the attendees.
9. The meeting should include sponsorship and exhibits if possible. The local organizers should advise on the appropriate companies to be approached but the letter of request for funding could be sent from the IATDMCT President if desired.
10. Promotion of the IATDMCT should take place. The association logo and name should be on the cover of all printed material.
11. IATDMCT should provide some prominent speakers (2-3) but there should also be local speakers and/or young scientists (2-3) and an opportunity to present posters from the local attendees. Therefore the meeting should be over two days.
12. The IATDMCT speakers will speak in English, but the local speakers and posters could be in the language of the region.

Regional Meeting Funding

Ideally IATDMCT will provide five speakers of which three will be prominent scientist members and two will be Young Scientists.

IATDMCT will fund the speakers with economy airfare and the host region is expected to pay the hotel accommodation and per diem expenses. No honoraria will be provided to speakers.

Estimated/Preliminary budget: \$7,500-10,000 per meeting.

**DEADLINE FOR APPLICATION SUBMISSION:
February 28 of the year prior to the proposed conference**
You will be notified by April 1 of the year prior of IATDMCT’s decision.



INTERNATIONAL
ASSOCIATION OF
THERAPEUTIC DRUG
MONITORING AND
CLINICAL TOXICOLOGY

Application Form IATDMCT Support for Regional Conference

IATDMCT will provide financial support for a limited number of local/regional conferences during a calendar year. Once the budgeted amount for support is reached, no more support can be granted for that year.

DEADLINE FOR SUBMISSION:

February 28 of the year prior to the proposed conference

You will be notified by April 1 of the year prior of IATDMCT's decision.

Guidelines

- Application for financial support must be received at least one year in advance of the conference.
- Support is limited to local/regional meetings rather than international conferences.
- The applicant for the support must be an IATDMCT member in good standing.
- Support will consist of provision of speakers for a conference. IATDMCT will cover the travel costs of the speakers.
- Applicant agrees to follow the IATDMCT guidelines for Regional Meetings.

Contact details:

Contact person _____
Surname _____ first name _____ title _____
Address _____
Street _____ city/state _____ zip code _____ country _____
Telephone _____ Fax _____
Email _____

Conference details:

Name of event _____
Date and place _____
Topics requiring IATDMCT speakers _____

Target audience - where they are from and number expected _____

Attachment: Please attach details of the event program, venue and meeting organization.

By the signature below, the applicant agrees to follow the IATDMCT Guidelines for Regional Meetings.

Date _____ Signature _____

Sent completed form to the IATDMCT Office at ehoop@eventsmgt.com