



INTERNATIONAL
ASSOCIATION OF
THERAPEUTIC DRUG
MONITORING AND
CLINICAL TOXICOLOGY

IATDMCT Business Office
4 Cataraqui Street, Suite 310
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PROPOSAL
to host
**The 12th International Congress of Therapeutic Drug Monitoring &
Clinical Toxicology**
Year 2013

APPENDIX TO THE APPLICATION TO HOST THE CONGRESS

Name of Applicant: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Dated: _____

The purpose of this application is to provide guidance for candidates and to facilitate the task of selecting the final site, for the Site Selection Committee. If more space is required for the information, questions may be answered by reference to separate appendices.

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DEADLINE FOR SUBMISSION: JULY 30, 2009

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PROPOSAL

1. GENERAL INFORMATION

Proposed Chair, Congress Organizing Committee: Applicant Not the applicant

Yes, the Chair proposed has confirmed a willingness to stand for this position.

If different than applicant, please provide full name, address, telephone, fax, email information.

Proposed date(s): _____

Proposed location: _____
City Country

Present return economy airfare (USD) from:

Europe (e.g. Geneva):	US \$ _____
South America (e.g. Rio de Janeiro)	US \$ _____
North America (e.g. New York)	US \$ _____
South East Asia (e.g. Hong Kong)	US \$ _____
Australia (e.g. Sydney)	US \$ _____

Current IATDMCT members residing in the proposed country (#): _____

Expected national attendance (#) _____

Expected regional attendance (#) _____

Expected total attendance (#) _____

Indicate date(s) and locations(s) of other related national or regional meetings in the same country or region in the same year:

2. DESCRIPTION OF CONGRESS FACILITIES (*please include this description for each potential Congress facility*)

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Name(s) of proposed facility(ies): _____

Type(s): Hotel Convention Centre Other _____

Please give details of where major functions would be located.

Distance from major accommodation centres: _____ (km)

Distance from city centre: _____ (km)

Distance from nearest airport: _____ (km)

Number and seating capacity of lecture halls:

Facilities for Workshops (number of rooms, seating capacity):

Surface area and facilities for poster exhibit:

Surface area and facilities for commercial exhibits:

Audio Visual Aids available for Symposia and Workshops:

Are the exhibits and the scientific areas in the same building? If no, give distance between scientific activities and exhibit.

Catering facilities on site:

Air conditioning available in scientific areas? Yes No

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Air conditioning available in exhibit areas? Yes No

Indicate other facilities which may be of interest to Congress attendees:

3. ACCOMMODATION

Supply a table of suggested accommodation according to this format:

Hotel Name	Category	No. of Beds	Distance from Congress Centre	Rate (USD)	
				Single	Double

Are low cost accommodations available, i.e. youth hostels, student dormitories? Yes No

If yes, describe them, give their current rates in USD, capacity and distance from the Congress:

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4. ADDITIONAL INFORMATION

1. **Management Firm:** Central to success is use of a professional meeting management firm.

Name of firm in place at this time: _____

Please attach in as much detail as possible, the job description to be performed by the firm, the firm's corporate profile and previous experience.

We plan to use the services of the IATDMCT Head Office for these services, or part of these services.

2. **Pre & Post Congress Meetings:** Are pre- or post- Congress satellite meetings planned? Please give details on subjects, organizers, and location.

3. **Tours & Attractions:** Describe briefly tours and/or attractions that would be offered:

4. **Climate:** Normal climatic conditions during the dates proposed:

Thank you for your submission!

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