



IFCN Meeting Support Application Form

Introduction:

The International Federation of Clinical Neurophysiology (IFCN) recognises that to achieve excellence in clinical neurophysiology, recommendations for best practice in clinical and research activities are necessary.

Working groups with affiliations to IFCN may periodically require financial aid to offset some of the costs in organising meetings to draft new or update existing recommendations which may include Consensus Statements, Guidelines, and similar works.

The IFCN is pleased to announce the availability of funding to support such meetings. The maximum amount awarded will be \$10,000 per meeting.

Eligibility criteria:

Applicants must meet the following criteria to have their application considered:

1. Be in an IFCN Special Interest Group and/or—in an IFCN-Member Society of - Check the list of IFCN Societies and Special Interest Group on the website www.ifcn.info

OR

2. Be a Working Group comprising of members from IFCN member societies

3. The meeting and its associated working paper proposals must address an unmet gap in either clinical or research practice in clinical neurophysiology.

4. Working party members should reflect the diverse representation of the IFCN global community within the special topic addressed.

5. Though meeting support is not dependent on a commitment to write up recommendations/guidelines for publication either in Clinical Neurophysiology or Clinical Neurophysiology Practice, preference may be given to such applications.

Review Process:

1. An endorsement application, along with the symposium/conference agenda and/or working party paper must be submitted to the IFCN Guidelines Committee at least six weeks prior to the date of the symposia. The Guidelines Committee chair will review the proposal according to the criteria set forth above and will make a recommendation to the IFCN Executive Committee as to endorsement.

2. The IFCN Executive Committee will review the application and will make a final determination regarding endorsement. Please allow four weeks for this process.



Submission details:

Upon completion, please send your application to the Secretariat of the IFCN via email at info@ifcn.info.

For any enquiries, please email: Kim Zaiss, IFCN Executive Director at kzaiss@info.info

Applicants will be notified of the decision within four weeks of their submission. Applications will be considered on a first come first served annual basis.

Upon Approval of the endorsement/ funding support:

1. IFCN will provide endorsement language and a logo to aid in promotional materials (if applicable)
2. The meeting/symposium/workshop will be added to the meetings calendar of the IFCN website.
3. The meeting/symposium/workshop will be listed in any upcoming IFCN communication.

APPLICATION FORM

I. PERSONNEL

Name of Member Society/SIG/ Committee:

Contact Name:

Contact email:

Working Party members (please list):

II. WORKING PAPER PROPOSAL

a. Title of working paper proposal

b. Specific aims and rationale for working paper

c. Background and prior publications (please list) relating to the subject matter

III. MEETING DETAILS

- a. Proposed meeting location:
- b. Proposed number of attendees:
- c. Target audience:
- d. Educational proposed topics :related to Neurophysiology
- e. Meeting location: Venue/City/Country
- f. Is the meeting being held in conjunction with an IFCN meeting (e.g. ICCN, ECCN, AOCCN, LACCN)
 - Yes
 - No

IV. BUDGET PROPOSAL (total must not exceed \$10,000)

ITEM	PROPOSED BUDGET
1. Meeting venue rental	
2. Travel (please include details below) a. Number of persons b. Estimated cost of round-trip flight per person	
3. Accommodation a. Number of persons b. Cost and duration of stay	
4. Other costs: please state below	
TOTAL	

Please indicate if there are other sponsors for the work proposed here and include potential monetary support.

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V. TIMELINE OF ACTIVITIES

Please list the proposed timeline of activities (or attach)

e.g. June 2024: In-person meeting;
 July 2024: First draft of working paper
 September 2024: Manuscript finalised and submitted to IFCN Guidelines Committee for review

PRINT NAME: _____
SIGNATURE: _____ DATE: _____

*Please submit the application to:

Contact Information
International Federation of Clinical Neurophysiology
555 East Wells St. Suite 1100
Milwaukee, WI 53202 USA
1+414-918-9816
info@ifcn.info

FOR IFCN Admin use only

Approved: _____ Date: _____

Funding amount granted: _____ Date: _____