Background Information:

The Board of Directors (Board) of the Pediatric Endocrine Society (PES) has adopted this policy governing PES Regional Meeting Grants.

General Policy:

The Pediatric Endocrine Society (PES) may annually allocate PES Regional Meeting Grants to applicant groups to provide financial support for the purpose of conducting a regional educational meeting. In order to promote the goal of expanding communication among Pediatric Endocrinologists and to provide an environment for Fellows-in-Training to participate, Regional Meetings eligible for grants will involve more than one institution (and, where possible, more than one metropolitan area) and will offer a venue for presentations by Fellows. In addition, adding a medical student and resident invitation component to the regional meetings to introduce them to Pediatric Endocrinology to address the workforce shortage is also desired. The Fellow participation in the regional meetings will continue to be a requirement for obtaining funding. If we receive multiple applications, those with medical student and residents’ component could be given a higher priority.

PES Regional Meeting Grants will be awarded in the amount of $2,000 per meeting applicant to cover travel for a speaker and other needs identified by the meeting organizers. Expense checks will be provided by PES directly to the meeting organizers.

1. PES Regional Meeting Grants will be awarded $2,000 to cover travel expenses for invited lecturer(s) and other needs identified by the organizers. The grant may not be used to pay honoraria to invited speakers.
2. Applicants may apply for PES Regional Meeting Grants by submitting a grant application (Attachment), to include the estimated cost for invited lecturer expenses and other needs.
3. Regional Meeting Grant Applications should be submitted for review by PES at least 60 days prior to the Regional Meeting for which the grant is being sought.
4. The awarding of PES Regional Meeting Grants is dependent on availability of funds each year. Applicants receiving a PES Regional Meeting Grant shall acknowledge the PES support in their Regional Meeting materials.
5. Applicants receiving a PES Regional Meeting Grant shall agree to provide the names and contact information for attendees to PES.

Expenses Covered by the PES Grant as outlined above:

1. Invited Guest Lecturer travel and meal expenses
2. Registration Fees for fellows-in-training, residents and medical students
3. Refreshments for fellows-in-training presentations
4. Other expenses incurred in organizing the meeting.
PES REGIONAL MEETING GRANT APPLICATION

PES REGIONAL MEETING GRANT APPLICATION FORM

Please send completed applications to the PES National Office for vetting – info@pedsendo.org
Please note that PES review and approval may require 60 days.

Part I – CONTACT INFORMATION

Proposed Regional Meeting Participating Institutions. At least 3 institutions need to participate in this meeting. Please include contact information for each institution:

1) _________________________________________________________________________
2) _________________________________________________________________________
3) _________________________________________________________________________
4) _________________________________________________________________________

Amount Requested: ________________

Name                        Email                       Phone#

Regional Meeting Program Chair: ____________________________
(person to be contacted about grant)

Name                        Email                       Phone#

Regional Meeting Admin/Finance Contact: ____________________________

Regional Meeting CME Contact:

Part II – MEETING DETAILS

Meeting dates: _________________ to ____________________

Meeting location: _____________________________________________________________

Address: ________________________________________________________________

City/State/Zip:

______________________________________________________________

Are fellows invited to this meeting? □ Yes □ No

How will fellow presentations be organized: ______________________________________

______________________________________________________________

Are residents invited to this meeting? □ Yes □ No

Are medical students invited to this meeting? □ Yes □ No

Revised August 2019
PES REGIONAL MEETING GRANT APPLICATION

Will the award be used to defray the cost of fellow, resident or medical student registration? ☐ Yes ☐ No

Will the award be used for refreshments for the fellow presentations? ☐ Yes ☐ No

Part III – SPEAKER INFORMATION

Name of invited speaker: _____________________________________________________________
(please use additional sheet if more than one speaker)

Address: __________________________________________________________________________

City/State/Zip: _____________________________________________________________________

Tel/Email: __________________________________________________________________________

Topic or title of lecture: ____________________________________________________________________________

Part IV – WRITTEN REPORT

To learn the outcome of these meetings, a written report must be submitted within the 2 weeks following the meeting. The feedback report should include a copy of the program accompanied by a brief written report about the meeting with information regarding attendance, composition of the audience, and the name of the outside speaker. This report should include details regarding fellow, resident, and medical student presentations and participation.

SUBMITTED BY (Please Print) ____________________________ Date__________________

Completed form should be sent to info@pedsendo.org for vetting.