**Formal request for endorsement by ESID**

**Type of activity to be endorsed.**

🞐 clinical practice guideline/recommendation 🞐 study

🞐 conference/meeting 🞐 educational activity

other:

**Title/subject of activity/topics to be covered:**

**Brief description of activity: (include exact methodology, publication plans, systematic literature review, where applicable. Attach synopsis, protocol, meeting program, CRF…)**

**Involved scientific society (if applicable):**

None

**Involved ESID members: (At least two from at least two countries; briefly describe type of involvement, including names of persons involved). *These criteria may not always apply to events. For events, please state the geographical scope of your event and names of persons involved.***

**Registries involved (if applicable):**

**Other partners involved: (societies, study sites, …)**

**Timing: (start and end date, projected time frame of activity)**

This request will be discussed and decided upon during the next regularly scheduled ESID board meeting. You will we notified in writing afterwards.

I understand that endorsement by ESID includes the obligation to acknowledge ESID in an appropriate manner on all publications, reports, event websites etc. stemming from this activity.

I also understand that this endorsement by no means implies any financial support from ESID.

Date:

Signature:

Name:

**attachments:**