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### REGIONAL COURSE HOST REQUEST FORM

Thank you for your interest in serving as a host facility for a future Academy of Clinical Electrophysiology and Wound Management regional course. We ask that before you fill this document out, you thoroughly review the *Course Description and Facility Requirements* of the course in which you're interested and the *Regional Host Options* documents to assure your facility can meet the requirements for a successfully course.

If your facility meets these requirements and you are ready to proceed, please provide as much information as possible in your response below so that we may accurately consider your request as a future course host.

Facility for consideration: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Course I wish to host: \_\_\_\_\_

1. We have classroom/lecture space with an LCD projector that can be used without charge for a weekend two-day course.  Yes  No

Comments/Questions: \_\_\_\_\_

2. We  Do  Do Not have the ability to provide internet access and multiple outlets for participants to use their laptops in the classroom at no additional charge to the Academy or participants. (*this is a requirement for hosting*)

Comments/Questions: \_\_\_\_\_

3. Our maximum capacity, in a single classroom/lecture space, for course registration is: \_\_\_\_\_

4. We can provide logistics for parking, lodging, catering, that are workable for local and out of town participants.  Yes  No

Comments/Questions: \_\_\_\_\_

5. We are within a 20-mile radius of a major airport for attendees who are coming from out of town.  Yes  No

Comments/Questions: \_\_\_\_\_

6. Lodging for speakers and out of town attendees is within walking distance of classroom space OR there is a flexible free transportation option that could be accessed.  Yes  No

Comments/Questions: \_\_\_\_\_

7. We can provide effective ways to publicize the course in our local area to encourage adequate registration including website, email conference attendee lists, alumni lists, etc.  Yes  No

Comments/Questions: \_\_\_\_\_

8. We can provide effective strategies for the administrative aspects of hosting a course.  Yes  No  
Comments/Questions: \_\_\_\_\_

9. As a host, we understand the two hosting options offered by the Academy (1- Academy-Sponsored, where the host benefit is free registration slots for a number of attendees based on enrollment; or 2- Host-Sponsored, where the host facility pays a fee and assumes all the benefits and possible risks of offering the course) and know which of the two we prefer.  Yes  No

I would like to proceed with a  Academy-Sponsored  Host-Sponsored option.  
Comments/Questions: \_\_\_\_\_

10. We have potential dates in mind that do not conflict with state chapter meetings or other major events in our city.  Yes  No

1<sup>st</sup> Option for a Saturday-Sunday course: Month \_\_\_\_\_/Days \_\_\_\_\_/Year \_\_\_\_\_  
2<sup>nd</sup> Option for a Saturday-Sunday course: Month \_\_\_\_\_/Days \_\_\_\_\_/Year \_\_\_\_\_  
3<sup>rd</sup> Option for a Saturday-Sunday course: Month \_\_\_\_\_/Days \_\_\_\_\_/Year \_\_\_\_\_

Other 2-day scheduling models will be considered, but may be challenging for speakers. These are considered on an individual basis (e.g., Friday-Saturday course; Sunday-Monday course)

Comments/Questions: \_\_\_\_\_

By signing below, I confirm that I have read the *Course Description and Facility Requirements* and the *Regional Host Options* and my responses above reflect a true and accurate assessment of our facility. I also affirm that I have the authority to provide these responses and sign this form on behalf of the facility.

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send this completed document to the email or fax which appears at the top of this letterhead.