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**Short Course Submission Form**

**Area of Interest** (please select only one)

🞏 Chronobiology 🞏 Sleep and Breathing Clinical

🞏 Insomnia 🞏 Sleep and Breathing Measurement

🞏 Sleep Health 🞏 Sleep and Breathing Epidemiology

🞏 Neurology and Neurophysiology 🞏 Upper Airway Physiology - structure and function

🞏 Paediatric

🞏 Other

**Course Title:**

**Target Audience:**

Provide a description of the audience for which the course is intended (min 100 words - max 200 words)

**Learning Objectives:**

List 3-4 learning objectives for this proposal (min 100 words - max 200 words)

**Scientific Content:**

Describe the content that will be covered during the session, making its purpose clear (min 250 words - max 500 words). Remember that a plenary proposal must be of interest and relevance to the whole membership.

**Need:**

Explain how this session will contribute positively to the Meeting and the reason for the chosen format (min 100 words - max 200 words)

**Audiovisual:**

Data projector, computer and microphones will be available for all sessions. Should you have special audiovisual requests please advise (these may not be granted)

**Potential Sponsors:** Sponsors can help keep your short course cost neutral to the ASA. Please provide a list of possible sponsors that may be willing to support your short course. Please do **NOT** approach sponsors at this stage. The Conference Company will work alongside successful short courses to secure sponsorship.

|  |  |
| --- | --- |
| Sponsor Company | Contact Person – with details |
|  |  |
|  |  |
|  |  |

**Participants:**

The following details must be given for **each** proposed participant. **Please note, speakers must have agreed to participate before submitting your proposal.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Speaker:* | *Full Name:* | *Institution:* | *E-mail:* | *Conflict of Interest:* |
| 1 |  |  |  | Yes / No |
| 2 |  |  |  | Yes / No |
| 3 |  |  |  | Yes / No |
| 4 |  |  |  | Yes / No |

**Course Outline:**

Provide a course outline detailing the presentation titles, brief description of content, presenters and times, making its purpose clear. Courses are run from 09:00-17:00, with four 90 minute sessions. Allow 30 minutes for morning and afternoon tea and 60 minutes for lunch.

|  |  |  |  |
| --- | --- | --- | --- |
| *Speaker Order:* | *Full Name:* | *Presentation Title and Presentation Description:* | *Presentation length: (minutes)* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Invitation to Short Course Guest Speakers**

**Are you applying for funding for one of your speakers?\* Yes / No**

If yes, please detail below who you wish to fund and the contribution they are likely make to the ASA/ASTA membership through their participation at this meeting (min 150 words - max 300 words)

**\*** Funding is available to one overseas speaker, per submission, outside the current membership of ASA/ASTA. The Meeting will provide each Short Course Guest Speaker with the following benefits:

* A return economy class airfare up to AUD$3,000
* Three nights accommodation during the Meeting
* Complimentary registration for the Meeting

Short Course Guest Speakers will present, on average, three times during the Meeting: one plenary or symposium and twice within the Short Course for which they are invited. There is usually also one chairing responsibility. Short Course Guest Speakers are also asked to make themselves avaiable for media interviews during the Meeting.

All applications will be considered by the Organising Committee, however is not guaranteed. Funding is not available for ASA/ASTA members.

**Proposed by:**

Name: E-mail address:

Contact telephone number: Date:

**The Convenor Responsibilities Statement (next page) and Conflict of Interest Form (final page) MUST be completed and submitted at the same time as this proposal**

**Convenor Responsibilities Statement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as lead convenor understand that if accepted, I agree to manage all aspects of the delivery of the course/workshop in accordance with ASA/ASTA policies and the agreement for course delivery. This includes ensuring all sponsorships are managed through The Conference Company in order to ensure effective sponsor management and to protect ASA/ASTA relationships with sponsors. All sponsor contracts are to be signed by ASA CEO to ensure compliance with Medicines Australia Guidelines and relevant policies.

I acknowledge that ASA may cancel a graduate course prior to the Sleep DownUnder if the course is not achieving required registrations, is not financially viable or otherwise becomes unsustainable.

If accepted I will to enter into an agreement with ASA that establishes agreed support, funding arrangements and costs. As ASA/ASTA is underwriting the course, I accept that they will seek to recoup costs and that profit will be used to support ASA/ASTA member services.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION OF CONFLICT OF INTEREST FOR COURSE PROPOSER**

The Association office will maintain a Conflicts of Interest Register for those who are proposing short courses. All members of the Conference Committee will be made aware of any conflicts of interest and the Conference Chair will be responsible for ensuring an open and transparent process.

Conflicts of interest may apply to the member personally and to the department in which members may work. It includes drug company sponsorship, consultancy and affiliations with the pharmaceutical industry, medical equipment and diagnostic industries, within the last three years.

A real or apparent conflict of interest in the pharmaceutical and medical equipment and diagnostic industries is defined as:

* having a significant financial interest in a product or company directly or indirectly;
* being or having been an employee, or engaged in a consulting capacity (including medical advisory boards, expert testimony), of a company with financial interest;
* substantial research support provided;
* receiving sponsored attendance at national and international conferences.
* patents pending or granted.

Major sponsorship by the pharmaceutical or medical and diagnostic industries would not include sponsorship for giving lectures or the reasonable costs connected with them.

**Please complete this section even if you have no conflict of interest to report.**

**If this section is not completed, the proposal will not be considered.**

SURNAME: …………………………………………… FIRST NAME:……………………………………. Title:……………..

Course proposer for Sleep DownUnder

|  |  |
| --- | --- |
| NAME OF COMPANY | NATURE AND DETAILS OF INTEREST |
|  |  |
|  |  |
|  |  |

Please state if your interest is limited to a particular product or group of products.

SIGNATURE: …………………………………………………. DATE: …………………………………..

Please upload this completed document to the [Online Session Proposal Portal](https://tcc.eventsair.com/sleep-downunder-2019/proposalsubmission).