



British Columbia Society Of Respiratory Therapists

WWW.BCSRT.COM

PO BOX 4760, Vancouver, BC, V6B 4A4

GUIDELINES FOR SPONSORSHIP OF EDUCATIONAL EVENTS

The BCSRT is committed to the education of its members. As part of this mandate, the Society will, from time to time, set aside funds for the sponsorship of educational events being organized by its members. This is exclusive of the BCSRT Educational Forum. The total amount of money available for sponsorship will be determined prior to the start of each fiscal year and will be delineated in the annual budget for the Society.

General Information for Applicants:

1. The education event must be open to all members of the BCSRT.
2. If any registration fees are to be charged for the event, the organizing committee must give consideration to offering a discounted fee for members of the BCSRT.
3. The BCSRT reserves the right to post information regarding the event on its website and/or in its newsletter (in advance of and after the event).
4. The BCSRT will be allowed 5 to 10 minutes to speak to the audience at the event regarding the Society.
5. The organizing committee will provide the BCSRT Board of Directors a financial accounting of the revenue and expenses of the event. Any net financial gain in excess of \$500 will be returned to the BCSRT (but will not exceed the total amount of sponsorship money).
6. The BCSRT will work with the organizing committee to develop a method of determining the number of BCSRT members who attend the event (actual number of members, percentage of total attendees, etc.). This information will be shared with the BCSRT Board of Directors.
7. The BCSRT will work with the organizing committee to develop a tool for evaluation of the event. This information will be shared with the BCSRT Board of Directors.
8. The applicant/organizing committee will provide a summary of the event to the BCSRT Board of Directors (within 3 months of the event's date). The BCSRT reserves the right to post this information on its website and/or in its newsletter.

How to Apply:

1. Applicants must complete an application form (available on line at www.bcsrt.com).
2. First time applicants will be given preference over previous applicants.
3. Preference will be given to those applicants who have done volunteer work for the BCSRT.
4. In the event that there are more qualified applicants than sponsorship opportunities, applicants will be chosen by random draw.
5. The decision of the BCSRT Executive shall be final.

Approved, BCSRT Board of Directors, July 29, 2006



British Columbia Society Of Respiratory Therapists

WWW.BCSRT.COM

PO BOX 4760, Vancouver, BC, V6B 4A4

BCSRT EDUCATION SPONSORSHIP APPLICATION FORM

****PLEASE COMPLETE IN FULL
INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED****

Applicant's Name: _____

Address: _____

Postal Code: _____ Phone: () _____

BCSRT #: _____ Email Address: _____

How long have you been a BCSRT member in good standing (years): _____

Names of other BCSRT Members involved in planning event: _____

Are there other professionals (not RT's) who are involved with planning? Please list:

Please provide details of the education event you are planning:

Date: _____ Location: _____

Educational Focus (select all applicable):

Adult Critical Care

Adult Acute Care

Pediatrics

Neonatology

Anesthesia

Pulmonary Diagnostics

Sleep Medicine

Home Care

Leadership/Management

Other (describe): _____



BCSRT EDUCATION SPONSORSHIP APPLICATION FORM (con't)

Provide a brief outline of the planned event (use back for additional space if needed):
(Please include any information you have on speakers, lecture topics, target audience, etc.)

What are you requesting sponsorship for? (select all applicable):

- Speaker (Travel/Honorarium) Space Rental Catering
- Printing/Office Expenses A-V Requirements
- Other (describe): _____

Estimation of Costs:	Item	Amount
Revenue	_____	_____
	_____	_____
	_____	_____
Expenses	_____	_____
	_____	_____
	_____	_____
Net	_____	_____



British Columbia Society Of Respiratory Therapists

WWW.BCSRT.COM

PO BOX 4760, Vancouver, BC, V6B 4A4

BCSRT EDUCATION SPONSORSHIP APPLICATION FORM (con't)

The above information is accurate and correct to the best of my knowledge.

Member's signature: _____

Date: _____

THANK YOU FOR YOUR APPLICATION.