

Application for holding the ISOT Conference

Content	Score					
Applicant name						
Address						
Email ID						
Mobile No.						
Names of at least 5 transplant physicians/surgeons who will be part of Organizing Committee:	1. 2. 3. 4. 5.					
						Tick mark
Proposed city				Metro city		
				City		
				Other		
Proposed dates						
Temperature during the conference dates	Min					
	Max					
Expected rains						
Nearest airport				Direct Connection		
				Link city		
Nearest Railway station				Direct Connected city		
				Link city		
Convention Centre		No.	Capacity			
	Lecture halls					
	Theatres					
	Telemedicine facility	Yes/No				
	Total no. of					
If conference proposed in the institute/hospital campus	Lecture halls					
	Theatre					
	Telemedicine facility	Yes/No				
Last conference held in the zone						
When was the last ISOT meeting held in this city						
Accommodation facility in the city	5 Star	4 Star	3 Star	2 Star	1 Star	Guest House

No. of rooms						
Distance from the venue of the conference (km)						
Where will the trade exhibition be organized?:						
Board rooms for Governing Body Meetings						
Number of Professionals in the city						

Please provide some compelling reasons to hold the ISOT in this city:

Signature of the Organizing Team:

Declaration:

As organizing committee for the forthcoming ISOTCON, for which we are placing the bid, we hereby declare that we fulfill the criteria for holding the ISOTCON as decided by the Executive committee:

- a) It should be organized in a major city with good connectivity
- b) There should be a good organ transplant activity in that city and its preferable to have multi-organ transplant activity
- c) It should be done by a local institution or a professional scientific society/body

(Please tick as appropriate)

Signature of the Organizing Team: