

Affiliated Student Society Request for Event Sponsorship

Title of event: _____

Date(s) of event(s): _____

Location: _____

Online or face to face event: _____

Lead Organiser: _____

Contact address: _____

Email and phone: _____

Expected audience numbers: _____

Relevance to Emergency Medicine specialty: _____

Name of supporting RCEM Member or Fellow: _____

Application Request:

Sponsorship amount requested: _____

Materials required: _____

Speaker required Y/N: _____

Any other details requested: _____

NB - Please include programme of event with your application.

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RCEM Careers Sub-Committee Decision

Discussed on:

Approved: Yes / No

Notes: