



**Non- CE Webinar  
Guidelines & Request Form**

**The following guidelines apply to webinars posted by ITNS on behalf of an external group:**

1. ITNS must approve the content of all webinars presented to ITNS members on behalf of an external party. Content must fit the submission requirements provided by ITNS.
2. All orders are subject to approval based on criteria set forth in ITNS policy on webinar. ITNS reserves the right to refuse or accept any webinar request for any reason.
3. Allow seven to ten (7-10) working days (this includes a 2-day review process) from the date the form and draft message are received by ITNS.
4. ITNS policy states that no more than one webinar may be posted per month. ITNS will suggest two options for webinar date/time for supporting organization to choose. Webinar must be scheduled as to not conflict with other ITNS educational events.
5. ITNS will send 1 promotional e-blast to members and post the webinar information on the calendar of events. E-blast will be sent according to ITNS e-blast policy.
6. **Pre-payment** of webinar is **required** for all orders.

**Requested Date & Time of Webinar:** \_\_\_\_\_

**Recording of the webinar**  Yes  No

**Supporting Organization Name:** \_\_\_\_\_

**Title of Program:** \_\_\_\_\_

For use in ITNS webinar platform and marketing materials, please submit the below electronically to [mpaulson@itns.org](mailto:mpaulson@itns.org) with application:

- Company logo in .eps or .jpg format
- 50-word description of the program
- Learning objectives
- Short bio on speaker(s) and photo, if available

**Contact information:**

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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ITNS to fill out the below portion and return to sender:

Date received: \_\_\_\_\_ (Topic will be reviewed within 5 business days of receipt)

ITNS Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons:      Topic Not Appropriate for audience                    Requested time slot not available

Return this form to:

Mary Paulson, ITNS Manager, Professional Relations and Development  
**International Transplant Nurses Society**  
8735 W. Higgins Road, Suite 300, Chicago, IL 60631  
Phone: 847.375.4803 | fax: 888.374.7259 | email: mpaulson@itns.org

**Payment information:** You may pay by check or credit card.

**If paying by credit card:** Fax the completed application to 888.374.7259 with payment information. Email the company logo and webinar description to [mpaulson@itns.org](mailto:mpaulson@itns.org) with the subject line: ITNS Webinar Application.

**If paying by check:** Send a copy of the completed application with payment to: International Transplant Nurses Society; P.O. Box 3781, Oak Brook, IL 60522.

**Fee: \$2,500 USD**

MasterCard                    Visa                    Discover                    American Express

Account number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*For credit card payment please add a 3% service fee.*

Name (as it appears on credit card): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Check # (made payable to ITNS): \_\_\_\_\_