



ASMBS Integrated Health Webinar Proposal Form

ASMBS Integrated Health webinars must be approved by the IH Communications Committee before a date and time can be selected for the webinar. Please complete the following form and submit it to communications@asmbs.org via email. Please allow 4-6 weeks for review and approval.

Webinar / Applicants Information	
Proposed Webinar Title	
Webinar Description (promote/explain topic in 1-3 sentences)	
Requesting Individual/ Committee/Organization	Are you a current member of ASMBS? Y/N
Moderator	Do you have a moderator: Y/N If you answered Y- Who? _____ If you answered N - Would you like us to supply one: Y/N
Speakers	Please attach the following information: <ul style="list-style-type: none"> - Speaker bio/CV - Justification of expertise in the topic - Headshot if available - Social media tag if available - Are the proposed Speakers members of ASMBS? Y/N - Signed authorization from each proposed speaker (See page 2)
Additional Requested Resources	
CEUs	Do you want to offer CEUs for this webinar? Y/N If you answered Y- for what discipline? APP BH RD RN <i>*If yes, please note that there will be a cost associated with this to the attendees</i>

Webinar Specifics	
Target Audience	
Learning Objectives (Include 3-4)	
Project timeline: <ul style="list-style-type: none"> - Preferred Month/Day of Week/Time - Indicate if no preference 	



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Audio/Video Release Authorization

I, the undersigned, hereby grant the right for the American Society for Metabolic and Bariatric Surgery to make an audio and/or video recording of my speech and use associated material (slide deck, handouts, and/or video files) in the publishing of event-based materials for/from the event described above for distribution in any media format for use in all domestic and foreign markets on my behalf. The American Society for Metabolic and Bariatric Surgery may use some or all these components either in whole or in part, synchronized or not. I understand and represent that I have the right to grant such permission-based on copyright law and that I have obtained permission to use any third-party material for the purposes as set out herein.

I acknowledge that I shall receive no compensation for this recording. I hereby release the recording of my presentation to the American Society for Metabolic and Bariatric Surgery, its directors, officers, agents, employees, and customers from all claims of every kind on account of such use.

ACCEPTED AND AGREED TO BY: _____

For internal use only:

Comments:

____ Approved by IH Communications Committee on Date _____

____ Approved by IHEC on Date _____