JBA Endorsement Application

**Event information**

Title of event:

Date of event:

Venue:

Event website:

Brief explanation of the program:

The reason that JBA endorsement is requested:

Expected number of participants:

Name of regional society that has endorsed the event:

Event Director(s):

Contact person’s name:

Contact person’s email address:

**JBA endorsement requirements**

Please confirm all of the following requirements:

* The program is educational and not designed for commercial purposes. Yes / No
* The event takes place at least three months from the date of submission of the application. Yes / No
* The preliminary program of the event is attached to the application. Yes / No
* The document confirming the endorsement by a regional society is attached to the application. Yes / No
* At least one Board-Certified Trainer of JBA participates in the event as one of the faculties. Yes / No
* The topic of the activities must be clearly related to biliary diseases. Yes / No
* Endorsement applies only to this single event. Yes / No
* The organizers confirm that JBA assumes no financial / management responsibility for the event. Yes / No

The applicant confirms the accuracy of the information included, and agrees with the above conditions if the event is approved for endorsement by the JBA.

Event Director’s signature Date