

Meetings Proposal Form

All proposals will be evaluated by the INFORMS Meetings Committee.

1. Event

Name of Event: (*drop down with meeting names and "other" field*) (*required*)

Drop down should include:

International Conference

Healthcare Conference

Subdivision or Joint Conference

Topical Conference

Other (*with box after for typing name*)

Dates of event: (*required*)

Are the above dates flexible? (yes/no) Please explain: (*open ended box*)

2. Organizers

The conference chair forms the organizing committee and serves as the primary contact between conference organizers and INFORMS.

Conference Chair (*required*)

First Name:

Last Name:

Affiliation:

Address 1:

Address 2:

City:

State/Zip:

Country:

Phone:

Email:

Program Chair (*optional*)

First Name:

Last Name:

Affiliation:

Email:

Additional Organizers: (*optional*)

Committee Structure: (*required*)

2. Location

Conference details will be organized by the INFORMS staff.

City, State: *(required)*

Property type (e.g. convention center, downtown hotel, university, etc.):
(required)

3. Program

Theme or focus concept: *(optional)*

Special events/activities: *(optional)*

Keynote speakers: *(optional)*

Speaking topics: *(optional)*

4. Budget

Is support being offered by a local institution? (YES/NO) *(required)*
If yes, which institution: *(optional)*

Sponsorship and networking opportunities: *(optional)*

5. Additional Information

Please provide any other information you feel would be relevant to the Meetings Committee when evaluating your proposal. *(open ended box)*