



GSA SIXTY-FIFTH ANNUAL SCIENTIFIC MEETING NOVEMBER 14-18, 2012
SAN DIEGO, CALIFORNIA

Charting New Frontiers in Aging

PRE-CONFERENCE WORKSHOP APPLICATION

Applications will be reviewed by the Program Committee for possible inclusion in The Gerontological Society of America's 65th Annual Scientific Meeting program. **Applications are due to GSA by March 15, 2012.**

E-mail: meetings@geron.org

Mail: The Gerontological Society of America
Attn: Meetings Department
1220 L Street, NW, Suite 901
Washington, DC 20005

Chair Information

Name: _____

Highest Degree: _____

Organization/Affiliation: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Presenter Information

1. Attach a list of all presenters associated with your workshop. **For each presenter, include full name, highest degree, affiliation/organization, and complete contact information including e-mail address.**
2. After an application has been accepted, the chair and all presenters must complete a financial disclosure form and submit a full CV. These documents must be submitted to meetings@geron.org.
3. Registration
 - a. Pre-Conference Workshop presenters receive complimentary registration for the workshop only. GSA will provide badges based on the list provided by the chair.
Note: Presenters *are required* to register for the GSA meeting if they plan to attend any event or session outside of the workshop.
 - b. Each accepted Pre-Conference Workshop is entitled to two (2) full, complimentary meeting registrations for presenters. This only includes events included in the standard registration fee. Additional events must be purchased separately.
 - c. List the individuals who should receive the complimentary registrations below. Individuals will receive notification of their registration in August before the early bird registration deadline.
Note: These individuals and their full contact information should be included in the list of presenters referenced in item #1.

Complimentary Full GSA Meeting Registration #1

Name: _____

Organization/Affiliation: _____

Address: _____

E-mail: _____

Complimentary Full GSA Meeting Registration #2

Name: _____

Organization/Affiliation: _____

Address: _____

E-mail: _____

Workshop Information

Workshop Title: _____

Rationale for Topic: _____

Intended Audience: _____

The Proposed Workshop is: Half-Day
 Full-Day Workshop

Workshop Format: _____

It is assumed that Pre-Conference Workshops will be held in **one** room. If additional rooms are needed, requests must be approved in advance. **All rooms will be set classroom style** (chairs and tables facing front of room; head table and podium at front).

How many meeting rooms are required for workshop activities? _____

Course Objectives (at least one must be listed in order for application to be reviewed)

1. After attending this workshop, participants will be able to: _____

2. After attending this workshop, participants will be able to: _____

3. After attending this workshop, participants will be able to: _____

Supporters

GSA requires that *all Pre-Conference Workshops be sponsored by a Society Section, Committee, Task Force, or Interest Group.*

Name of Supporter(s) (non-financial): _____

Audio/Visual Equipment and Food & Beverage

GSA will provide the following for all Pre-Conference Workshops:

a. **Audio/Visual Equipment**

GSA will equip each Pre-Conference Workshop room with a Standard A/V Set (LCD projector, screen, podium, and microphone)

b. **Food and Beverage**

GSA will provide a continental breakfast **OR** afternoon refreshments for half-day Pre-Conference Workshops depending on when they are scheduled. Full-day Pre-Conference Workshops will be provided with a continental breakfast **AND** afternoon refreshments.

Pre-Conference Workshop organizers are responsible for requesting and financing any additional Audio/Visual or Food & Beverage needs, internet access in the room, copies of all handout materials, and any other expenses associated with the workshop.

In the event that enrollment in a Pre-Conference is insufficient (less than approximately 30 registrants), GSA reserves the right to cancel a workshop.

Name of Financial Source/Funder (if applicable): _____

Continuing Education

GSA will secure continuing education credits for your workshop (if appropriate) through our continuing education partner, the Colorado Foundation for Medical Care. Type of credit will vary by topic and number of credits awarded will vary by length of workshop.*

Marketing

GSA will promote your workshop through our website (www.geron.org), e-mail blasts to meeting registrants and members, and through features in *Gerontology News*, GSA's monthly newsletter. Other promotional activities will be undertaken at the discretion of GSA's Marketing Department.

Preliminary Program:

Workshops will be promoted in the Preliminary Program. Please provide a brief description (no more than 150 words) of your program below or on a separate page.

Questions? Call the Meetings Department at 202.587.5890 or e-mail meetings@geron.org.

**Subject to change.*