

ASCEPT SIG ACTIVITY PROPOSAL



Project title			
Description			
Expected outcomes/ Business Case			
Project leader			
Team members names and contact details			
Suggested date and times			
Suggested venue - if University, please provide contact details for booking officer			
Anticipated number of attendees			
Budget and cost recovery (attach separate sheet if necessary)			
Guest speakers - suggested speakers and indication of costs to be covered (eg airfare)			
Invitee list to include	<input type="checkbox"/> All ASCEPT members <input type="checkbox"/> ASCEPT members from this State only SIG members only:		
	<input type="checkbox"/> Clinical Pharmacology and Therapeutics <input type="checkbox"/> Drug Discovery <input type="checkbox"/> Toxicology <input type="checkbox"/> Pharmacogenomics <input type="checkbox"/> Drug Disposition <input type="checkbox"/> Urogenital and Gastrointestinal <input type="checkbox"/> Cardiovascular Members of other Societies/groups as listed below		
Marketing & Promotion	Email		
	Paper leaflet		Estimated no. pages
	Notice board poster		Estimated no. posters
Date of proposal submission			

1. Please complete in as much detail as possible and email to ASCEPT Secretariat ascept@clems.com.au
2. Each proposal will be acknowledged and a budget calculated by the Secretariat based on the information provided.
3. The proposal and budget will be forwarded to the Scientific Advisory Council for comment and approval.