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*)