A black map in a circle with orange and white design

Description automatically generated

**APPLICATION TO HOST ANNUAL SYMPOSIUM**

By completing this form, you are expressing your commitment to hosting AFREhealth’s Annual Symposium in accordance with established standards.

Please provide detailed and accurate information to ensure your application is considered.

We look forward to reviewing your proposal and potentially collaborating with you to create an unforgettable symposium experience.

NB: The following are to be submitted in addition to the completed form:

1. Institutional Letter of Commitment.
2. Budget for 250 participants, showing what budget lines your institution will cover (monetary/in-kind) and the areas it cannot cover. (*Refer to Appendix for draft budget template*).
3. Letters of commitment confirmed sponsor/funders (if available)

**SECTION 1: GENERAL INFORMATION**

1. **Details of Institution**

* Name:
* Physical Address
* Website
* Contact telephone & email address:

1. **Current relationship with AFREhealth**

*Mark only one*

|  |  |
| --- | --- |
| Institutional member |  |
| Partner |  |

1. **Please select the year(s) you are interested in hosting**

|  |  |
| --- | --- |
| 2025 |  |
| 2026 |  |
| 2027 |  |

1. **Briefly describe your institution.**
2. **Indicate levels of decision–making power within the institution, as well as delegated persons in the event the primary person is not available.**
3. **Explain your motivation to host this symposium.**

**SECTION 2: ORGANISATIONAL EXPERIENCE AND CAPACITY**

1. **Describe the organizational capacity to host a Symposium/conference and provide details (if any) of previous conferences hosted describing the scope, duration, number of participants, roles played, and if funding was raised, the sources of the funds. (*500 words)***
2. **Describe your institution's capacity in terms of personnel to serve on the Local Organizing Committee (LOC) and subcommittees under the LOC e.g. *Scientific Subcommittee, Protocol & Logistics, and Finance*. Delineate the names and titles of the LOC and the role they will play.**
3. **Can your institution attract high-level delegates to the symposium that would enhance AFREhealth's visibility? Please provide details of past instances.**
4. **Is there an office at your institution dedicated to managing immigration matters?**
5. **Describe your institution’s ability to secure sponsorships to cover some expenses and financial/in-kind commitment to the symposium.**

**SECTION 3: PLANNING AND LOGISTICS**

1. **The AFREhealth symposiums are generally held in the first week of August. Is this a suitable time for you? If not, please explain.**
2. **Is there a particular theme or topic that is relevant to your country and/or region that you would like to suggest for the conference? (maximum 5 lines)**
3. **What variety of hotels catering to guests in different price categories is available? What is the capacity of these hotels to accommodate guests? Please provide estimates.**
4. **Highlight a distinctive feature that makes your country attractive to regional/international delegates, such as wildlife, historical monuments, etc.**
5. **How far is the international airport from your institution or proposed conference venue and what transport options are available?**
6. **What are the entry VISA requirements of your country for tourists from Africa and other regions?**

**SECTION 4: ADDITIONAL COMMENTS**

**Provide any comments to strengthen your application. (500 words)**

**SECTION 5: DECLARATION**

**I affirm that I am duly authorized to submit this application on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Institution).**

**All information provided is true and accurate to the best of my knowledge. I agree to act as the contact person for this application**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Position/Designation** |  |
| **Email address** |  |
| **Telephone Number** |  |
| **Date** |  |

**APPENDIX**

**1.0 SAMPLE BUDGET TEMPLATE**

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate per person (USD)** | **Rate per day (USD)** |
| **1. Conference facilities** |  |  |
| * Main Hall |  |  |
| * Syndicate/breakaway room |  |  |
|  |  |  |
| **2. Participants cost** |  |  |
| * 2 Coffee breaks |  |  |
| * Lunch |  |  |
| * Conference materials * (bag, stationery, name tag, booklet. etc.) |  |  |
|  |  |  |
| **3. Logistics** |  |  |
| * Opening/ Welcome Cocktail |  |  |
| * Video conferencing |  |  |
| * Internet cost (if not complimentary to conference facilities) |  |  |
|  |  |  |
| **4. Ground Transportation** |  |  |