


FORMS & REPORT TEMPLATES

List of Forms

- I. Career & Personal Development Session Application
- II. Business Plan Collaboration Form
- III. Board Action Request
- IV. Council/Board Action Request
- V.  Committee Report Template

ORS Career & Personal Development Session Application
2023 Annual Meeting
SUBMISSION DEADLINE: DATE

Session Title:

Session Lead(s):

This paragraph will be used for descriptive purposes on the ORS Annual Meeting website and in the Program Book. Please note: There is a character limit of 1,000 which includes spaces, numbers, and punctuation.

Significance & Purpose:

Educational Need:

Learning Objective(s):

Program targeted toward: Choose an item.

Results & Outcomes:

Learning Outcome Levels:

Targeted Audience:

Organizer 1:
Full Name, and Designation:
Institution/Organization/Company
E-mail:

Organizer 2:

Full Name, and Designation:
Institution/Organization/Company
E-mail:

Speaker 1:

Title of Presentation:
Full Name, and Designation:
Institution/Organization/Company
E-mail:

Speaker 2:

Title of Presentation:
Full Name, and Designation:
Institution/Organization/Company
E-mail:

Speaker 3:

Title of Presentation:
Full Name, and Designation:
Institution/Organization/Company
E-mail:

Speaker 4:

Title of Presentation:
Full Name, and Designation:
Institution/Organization/Company
E-mail:

**Justification for
selection of a(ny)
non-member
speaker(s)?:**

**ORS Council/Board Action Request
Action Item Request**

Date:

Action Item:

Project Title:

**Lead Volunteer:
Lead Staff:**

**Sponsoring
Governance
Unit:**

**Summary and
Background
information:**

**Funding Request
and/or Source of
funding:**

**Finance Committee
recommendation:**

**Evaluation Metrics:
S-specific
M-measurable
A-achievable
R-realistic
T-tied to the
Strategic Plan**

**Positive/negative
implication on
other ORS
activities:**



COMMITTEE REPORT FORM

Name of Committee:

November 2013

Submitted by *Committee Chair Name*

Board Action Requests

Recent Activities

Future Plans

Committee

Please ensure your report is prepared and/or approved by the Chair. And that at the end of the report that it indicates

APPROVED BY _____.

All committee reports should be sent to the Council Chairs as well, please send your report to the staff liaison of the Council your committee reports to (if that is not you of course). Council Chairs should receive all committee reports at least one week prior to the board meeting.

PARTNERSHIP/ALLIANCE REQUEST FORM

Project Title:

Date Prepared:

SUMMARY:

Summary of request including the requested use of the ORS brand and need for support from the ORS staff (please include the type of partnership/alliance you would like to request):

Please indicate the type of partnership you would like to request:

- TYPE I: Endorsement**
- TYPE II: ORS Branded / Co-Branded Scientific Session**
- TYPE III: ORS Co-Branded (or Jointly Sponsored) Meeting / Conference**
- TYPE IV: Corporate Alliances**

Program Name/Topic:

Is this a new, first-time program?

YES NO

If no, how many years has the program been offered; what has past attendance/uptake/use of the program been; has the topic/focus of past programs differed from the current proposed

program?; were past programs endorsed/sponsored by ORS or other partner organizations and if yes who? Please provide any other relevant information regarding past programs

Have dates been identified for this program?

YES NO

If yes, please provide dates:

Program Organizer: (please send your CV/Resume with your business plan)

Is the Program Organizer a member of the ORS?

YES NO

How is the program aligned with the ORS Strategic Plan?

How does the program serve the ORS membership?

ORS is a multi-disciplinary organization; what constituency does this program serve or represent?

What is the expected attendance?

EDUCATION:

Significance/Purpose:

Educational Need:

Learning Objectives:

Results/Expected Outcomes:

CME

Is this program eligible for CME?

YES NO Unsure

Is it, or has it ever offered CME?

YES NO

If no, are you planning to offer CME for this program in the future?

YES NO

CORPORATE SUPPORT

Has this program received financial support in the past?

YES NO

If yes, who supported it?

PROJECTED BUDGET: PROFIT/LOSS:

- Please provide a detailed budget (if applicable) to include all forms of revenue and expenses.
- If this is an on-going program, please provide a detailed financial statement from past meetings (up to 5 years if available).

PROJECTED STAFF RESOURCES:

If you are seeking staff support, please outline all expectations of ORS staff and the proposed time needed for ORS staff to complete these tasks:

Example: Advertising, Creation/Development of Website, Registration, On-site Support

DETAILS REGARDING TERM OF AGREEMENT:

One time request (If one time request, please provide program dates)

Term of agreement; 1 year; renewable after evaluation

Term of agreement; 3 years, renewable after evaluation

EVALUATION METRICS: (Specific, Measurable, Achievable, Realistic/Results, Timely)

How will this program be evaluated?

What will deem this program successful?

Please submit this completed business plan for review, with all supporting documentation to:

Sharon Smith-Terry
Chief Executive Officer
Orthopaedic Research Society
9400 West Higgins Road, Suite 225,
Rosemont, IL 60018
smithterry@ors.org

For ORS Office Use ONLY

Sponsoring Council/Committee

Lead staff