The International Family Nursing Association (IFNA) solicits proposals from IFNA members who wish to serve as the **Local Organizing Committee** for the 13th International Family Nursing Conference.

IFNA holds the International Family Nursing Conference every other year. The current schedule is 2015, 2017, 2019 and so on. IFNA accepts proposals for hosting the conference from any IFNA members interested in their country, city, area or university being the conference site. IFNA is financially responsible for managing the conference. IFNA employs a Management Company that handles the major logistics required for conference planning. This Management Company will work closely with the IFNA Board of Directors, IFNA Conference Committee members, as well as members of the Local Organizing Committee to assure the success of the conference. A detailed outline of responsibilities of all parties will be discussed, negotiated, and finalized once an official Conference host is selected.

1. **Key Contact Information**

Please complete the K**ey Contact/General Information** (form provided below)

1. **Request Information Guidelines**

IFNA is seeking information on various aspects of the proposed venue, including but not limited to:

1. General overall description of interest
   1. Brief statement describing your history of leadership in Family Nursing in your university/country and why you would like to serve as the Local Organizing Committee. Please outline your interest, commitment, and relationship to Family Nursing and to IFNA as an organization.
   2. Description of how the proposed setting is likely to contribute to the success of the conference. What are especially appealing qualities of the setting that are likely to attract conference attendees?
2. Host City Chart
3. **Request period and deadlines**
4. Proposals to host the bi-annual IFNA Conference shall be open for a period of 2 months, beginning in November in the year preceding the next upcoming IFNA Conference. The request period for the 2017 Conference will be through December 15, 2014. A final decision should be made prior to April of any year which includes another IFNA Conference so that appropriate time is available to make announcements at the next Conference.
5. Applications will be treated as privileged communications with access restricted to IFNA conference committee members, collateral reviewers, Board of Directors, and involved IFNA management staff.
6. If you have any questions about this application, please contact Debbie Zaparoni at [debbie@internationalfamilynursing.org](mailto:debbie@internationalfamilynursing.org) or +1 412-344-1414.

**IV: Submission Checklist**

* Key Contact/General Information Form (Section I)
* Responses to Requested Information Guidelines (Section II)
  + General Overall Description
  + Host City Chart
* Application submitted prior to December 15, 2014 to:
  + IFNA

461 Cochran Road, Box #246

Pittsburgh, PA 15228

OR electronically (please request receipt verification from IFNA)

* [debbie@internationalfamilynursing.org](mailto:debbie@internationalfamilynursing.org)

**V: Interview with members of the IFNA Board of Directors**

Members of the IFNA Board of Directors will conduct an interview with all applicants who submit the required materials in January, the month following the application deadline. The applicants will be given a number of options for how the interview is conducted (e.g., telephone, Skype, or GoTo Meeting).

**Key Contact/General Information**

IFNA Host City Chart - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City / Country

**Key Contact(s)**

Name:

Title/Position:

Employer/Hospital:

Email:

Phone:

Name:

Title/Position:

Employer/Hospital:

Email:

Phone:

**Proposed Host Country/City/University**

Country:

City:

University:

**General Overall Description:**

(Brief statement describing your history of leadership in Family Nursing in your university/country and why you would like to serve as the Local Organizing Committee. Please outline your interest, commitment, and relationship to Family Nursing and to IFNA as an organization.)

(Description of how the proposed setting is likely to contribute to the success of the conference. What are especially appealing qualities of the setting that are likely to attract conference attendees?)

IFNA Host City Chart - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City / Country

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| --- | --- | --- |
| **Details** | **Response** | |
| LOCAL FAMILY NURSING INTEREST |  | |
| How many family nurses in the local area are interested in serving on the Local Planning Committee for the Conference? |  | |
| How many family nurses from your city / region / country would you expect to attend the actual conference? |  | |
| Does this country  Have an IFNA country liaison? |  | |
| For a three-day Conference in your city, what average registration fee would allow local family nurses to attend? |  | |
| Please list the universities, schools of nursing and hospitals which are local to this area. |  | |
| Local financial support is crucial to planning the IFNC, List potential local univ, hosp, and institutions that might be interested in sponsoring the conference. Past conference support has ranged from $10,000-$30,000USD. |  | |
| In your country would pharmaceutical or for-profit companies support and educational conference such as the IFNC. If so, list potential sponsors. |  | |
| HOST CITY/VENUE INFORMATION |  | |
| Is the proposed host venue near the city center or in a more remote location? |  | |
| What are the proposed dates or month of the year for the conference in your location? |  | |
| Any local, national (bank) holidays over or near the proposed conference dates? |  | |
| Any cultural traditions that might affect or be important for us to know while planning a Conference in your city? |  | |
| What special events or tours could be offered for attendees? What special venues or attractions should be highlighted of your city? |  | |
| Meeting Venue proposed:  1. Is the meeting venue the same as the sleeping venue?  2. Provide a name and contact information for the person in charge of the meeting venue. |  | |
| Does the meeting venue have fixed seating *(auditorium or moveable tables/chairs)* |  | |
| Is the meeting venue air conditioned? |  | |
| Does the venue have food service on-site for breakfast and refreshment breaks? |  | |
| Would attendees eat lunch at the venue or at a local restaurant? |  | |
| Does the venue have on-site AV staff or work with a recommended company? |  | |
| What is the venue / meeting room rental fee?  *(Is it per person, flat, or rental fee plus other expenses)* |  | |
| Are breakout rooms available at the venue?  *(Identify the number of rooms or review capacity floor plans)* |  | |
| Are translation capabilities available at the venue? |  | |
| Are there local translation resources available for translating printed and website materials for IFNA? |  | |
| Sleeping Venue proposed:  1. Same as the meeting venue?  *If not, specific walking distance in minutes or transportation options*  2. # of rooms available at hotel?  *Will all attendees be at one location or several housing options?*  3. Does your country recommend working through a housing bureau to reserve sleeping rooms for conference attendees?  *Is use of a housing bureau required?*  *Name of potential housing bureau and contact person?* |  | |
| Approximate room rate per night? |  | |
| Does the hotel have an occupancy tax and what is the rate? |  | |
| Does the sleeping venue offer air conditioning? |  | |
| Are there restaurants to eat within walking distance of the sleeping venue? |  | |
| What would an average breakfast, lunch or dinner cost at a local restaurant? |  | |
| What is the average transportation fee from the airport to the venue? |  | |
| Do visitors to this country need a Passport, a Visa or other? |  | |
| What shipping services are used throughout your country, such as Federal Express, DHL or other? |  | |
| Is there a Kinko’s or similar type office supply, printer and copying store in the proposed host city? |  | |
| VENUE ECONOMIC FACTORS |  | |
| Are the any upcoming events and factors that could potentially affect economic stability in your country?  *(high inflation, large swings in exchange rates over the past six months affecting purchasing power?)* |  | |
| Are there any health concerns, required or recommended vaccinations for travel to this venue? |  | |
| What is the local currency? |  | |
| Describe the tax environment? Does your country have Value-Added Tax (VAT) or similar city, state or country taxes? |  | |
| What is the VAT percentage or additional tax rate? This information helps us determine a budget for the venue. |  | |
| Are conference registration fees for a USA-based organization holding a meeting in your country taxable? |  | |
| Do special bank accounts need to be established for payment of VAT to your government? |  | |
|  | |  |
| *(IFNA Office)* | |  |
| # of IFNA members in this country: | |  |
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Please add any other information that you think would be helpful to know about your country (300 words maximum.)

**Please return the completed form to Debbie Zaparoni**

* + [debbie@internationalfamilynursing.org](mailto:debbie@internationalfamilynursing.org)

OR

* + IFNA

461 Cochran Road, Box #246

Pittsburgh, Pennsylvania 15228 USA