



## WORLD FEDERATION OF CRITICAL CARE

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### Application Form WFCCN - Use of logo, Name, Endorsement

Send to: World Federation of Critical Care Nurses  
C/O Secretariat: Violeta Lopez  
PO Box 50, Dayboro, Queensland, 4521, Australia  
Telephone: (65)9066-2655  
E-mail: [nurvl@nus.edu.sg](mailto:nurvl@nus.edu.sg); [lpz\\_violeta@yahoo.com](mailto:lpz_violeta@yahoo.com)

1/We \_\_\_\_\_ apply to use the following:

- Logo
- Name, World Federation of Critical Care Nurses
- Endorsement of Product (cost incurred)
- Endorsement of Educational Program (cost incurred)

The above will be used for the following Activity:

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Location/Address of Activity: \_\_\_\_\_

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Expected Participants: \_\_\_\_\_

Purpose/Outcomes of Activity:

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How will WFCCN name/endorsement be used/profiled?

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For Product or Education Program Endorsement please provide a detailed document explaining what the product/program does and provide for users.

I/We \_\_\_\_\_ take full responsibility for complying with any limitations or expectations that WFCCN may place on this application/approval and will indemnify and hold indemnified WFCCN should any loss, cost, legal actions or actions be taken against the activities, programs, products or organisers of the above.

I/We acknowledge that WFCCN is a not for profit federation of critical care nursing associations and as such does not request membership fees for the work it does throughout the world. However, in order to meet its financial obligations WFCCN relies on donations from others.

I/We the undersigned organisation:

- Pledge \$(US) \_\_\_\_\_ to WFCCN as a donation to assist WFCCN to meet its mission and objectives.
- Pledge to share \_\_\_\_\_% of the profits of our activity to WFCCN which we estimate to be approximately \$(US) \_\_\_\_\_.
- Cannot provide any financial to WFCCN in this activity

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

An authorised officer of the requesting organisation must sign and approve this application.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_