



# Course Slides Translation Approval Form

Course organizer (society name) \_\_\_\_\_  
Course contact \_\_\_\_\_  
herewith requests to translate the course slides into (language): \_\_\_\_\_

## LOC AGREES:

- To carry out the translation of the course slides into the specified language.
- To carry out a validation by an official translation bureau stating that the translation is accurate.
- To send the translation and the validation for approval to the course administrator\* at least six weeks prior to the course.
- To honour the copyright of the course slides by assuring that these materials are not forwarded or made accessible to individuals or societies not involved in this particular course.
- To carry financial responsibility for all aspects of the translation.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## ISCD/IOF Approval:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**IOF ISCD Course Administrators**

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