



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

NORTH & SOUTH AMERICA Amy Scrivens ascrivens@iscd.org • **OTHER REGIONS** Ageeth van Leersum-Frikkee avanleersum@iofbonehealth.org