



APRIL 10-15 • MAY 17-21

AACR SATELLITE EDUCATIONAL SYMPOSIA APPLICATION

Application submission deadline: **January 25, 2021**
Applications will not be processed without deposit.

Applicant Information

Program Title _____

Program Director Name _____

CME Provider _____

Sponsoring Organizer Company Name _____

Contact Name _____

Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email Address _____

Phone _____

Industry Supporter Company Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Date Request (Every effort will be made to accommodate requests.)

Preferred Dates

(Evening slots only; suggested time 6:30 p.m.–8:30 p.m. EDT)
Please rank your preferred dates from 1-3 with 1 being the highest.

Monday, April 12 _____

Tuesday, April 13 _____

Wednesday, April 14 _____

Anticipated size of audience: _____

Proposals Must Also Include the Following:

- ☐ Target Audience ☐ Program Abstract
- ☐ Professional Practice Gaps and Needs Assessment
- ☐ Learning Objectives
- ☐ Names and credentials of proposed faculty
- ☐ General Plan for marketing the symposium
- ☐ Non-refundable deposit of \$5,000 (total fee: \$50,000)

NOTE: If accepted, final payment is due by February 16, 2021.

Disclaimer and Signature

By submitting this application, the organizer acknowledges understanding of the AACR's guidelines and restrictions regarding Satellite Educational Symposia and agrees to abide by them.

Signature _____ Date _____

Payment Information

- ☐ Check Payment ☐ Credit Card Payment
- ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____ CSC/CVV# _____ Expiration Date _____

Name on Card _____

Authorized Signature _____

Billing Address (street) _____

Billing Address (city, state, zip) _____

Submit this form along with all materials and deposit by January 25, 2021 to:

Mail: AACR

Attn: Coleen McMahon
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106

Email: coleen.mcmahon@aacr.org

Fax: 267-765-1092

FOR OFFICE USE ONLY

Application received: _____ Deposit received: _____ Staff initial: _____
Agreement received: _____ Balance received: _____ Staff initial: _____
Space assigned: _____