

Application submission deadline: January 14, 2022 | 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 \_\_\_\_\_

## Space Request

(Every effort will be made to accommodate requests.)

### Preferred Dates

(Evening slots only; suggested time 6:30 p.m.-8:30 p.m.)

Please rank your preferred dates from 1-4 with 1 being the highest.

Saturday, April 9 \_\_\_\_\_ Sunday, April 10 \_\_\_\_\_

Monday, April 11 \_\_\_\_\_ Tuesday, April 12 \_\_\_\_\_

Anticipated size of audience: \_\_\_\_\_

Food service planned: ☐ Yes ☐ No

If yes, type of service (i.e. reception, buffet, plated dinner): \_\_\_\_\_

### Set-up requested:

- ☐ Theater ☐ Conference ☐ Classroom  
☐ Reception ☐ Rounds  
☐ Other \_\_\_\_\_

## 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: \$75,000)

**NOTE: If accepted, final payment is due by February 11, 2022.**

## 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 14, 2022 to:**

**Mail:** AACR

Attn: Shelby Candrea  
 615 Chestnut Street, 17th Floor  
 Philadelphia, PA 19106

**Email:** shelby.candrea@aacr.org

### FOR OFFICE USE ONLY

Application received: \_\_\_\_\_ Deposit received: \_\_\_\_\_ Staff initial: \_\_\_\_\_  
 Agreement received: \_\_\_\_\_ Balance received: \_\_\_\_\_ Staff initial: \_\_\_\_\_  
 Space assigned: \_\_\_\_\_