

ANNUAL MEETING 2024

Satellite Educational Symposia Application

April 5-10 • San Diego Convention Center • San Diego, California

Application submission deadline: **January 11, 2024** | 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 1-3 with 1 being the highest.

Saturday, April 6 _____ Sunday, April 7 _____

Monday, April 8 _____

Anticipated size of audience: _____

Food service planned: ☐ Yes ☐ No

Set-up requested:

- ☐ Theater ☐ Conference ☐ Classroom
☐ Reception ☐ Rounds
☐ Other _____

Will your program include a virtual component or enduring materials? ☐ Yes ☐ No

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: \$65,000)

NOTE: If accepted, final payment is due by February 9, 2024.

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/CW# _____ 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 11, 2024**, to:

Mail: AACR
Attn: Coleen McMahon

615 Chestnut Street, 17th Floor
Philadelphia, PA 19106

Email: coleen.mcmahon@aacr.org

FOR OFFICE USE ONLY

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