

ANNUAL MEETING 2026

Satellite Educational Symposia Application

April 17-22 • San Diego Convention Center • San Diego, California

Application submission deadline: **January 22, 2026** | 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 18_____

Sunday, April 19_____ Tuesday, April 21_____

Monday, April 20_____

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: \$40,000)

NOTE: If accepted, final payment is due by February 19, 2026.

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 22, 2026, to:

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: _____