

ANNUAL MEETING 2025

Satellite Educational Symposia Application

April 25-30 • McCormick Place Convention Center • Chicago, Illinois

Application submission deadline: **January 30, 2025** | 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 26 _____

Sunday, April 27 _____ Tuesday, April 29 _____

Monday, April 28 _____

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: \$50,000)

NOTE: If accepted, final payment is due by February 27, 2025.

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 30, 2025**, 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: _____