

SABCS OPEN SATELLITE EVENT APPLICATION



December 8-12, 2010

SUBMISSION DEADLINE: JUNE 21, 2010

Title of Proposed Event: _____

Date of Event: _____ Start / End times: _____ Estimated Attendance: _____

Preferred Venue: _____

Program Objective: _____

Target Audience: _____

CME Provider: _____

Sponsors (Funding Sources): _____

Event Organizer (Company or Organization Name): _____

Check here if non-profit organization

Company website: _____

Contact Name & Title: _____

Mailing Address: _____
STREET CITY STATE/PROVINCE POSTAL CODE COUNTRY

Telephone: _____ Fax: _____

E-mail: _____

On-site contact name (if different): _____

Please attach

- Brief description of the program (75 words or less)
- Faculty under consideration
- Proposed topics
- Confirmation of or applications for educational grants in support of event

Send completed application and attachments via e-mail, fax or postal service to

SABCS
CTRC at UT Health Science Center San Antonio
7979 Wurzbach, MC 8224
San Antonio, TX 78229-3900
Fax 210-450-1560
SABCS@uthscsa.edu

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE REVIEWED _____

APPROVED DENIED