

# SABCS CLOSED SATELLITE EVENT APPLICATION



**December 6–10, 2011**

**SUBMISSION DEADLINE: NOVEMBER 18, 2011**

**NOTE: ONLY ONE EVENT PER APPLICATION. Please submit additional applications for separate events.**

A new application must be submitted for any changes made to an approved event. Submit new application with a copy of the approved application.

Type of Event (Please check one of the following)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Business Office        | <input type="checkbox"/> Committee Meeting | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Investigators' Meeting | <input type="checkbox"/> Media             | <input type="checkbox"/> Social      |
| <input type="checkbox"/> Staff Meeting          | <input type="checkbox"/> University Alumni | <input type="checkbox"/> Other _____ |

Name of event (Topic if Media Event): \_\_\_\_\_

Name of group: \_\_\_\_\_

Description of group (who will be attending): \_\_\_\_\_

Satellite events must be scheduled only during December 6–10, 2011. Events are approved only for the following dates & times.				
Tuesday 12/6/11	Wednesday 12/7/11	Thursday 12/8/11	Friday 12/9/11	Saturday 12/10/11
End before 1:30 PM Start after 8:00 PM	Start 7:30 PM	Start 7:30 PM	Start 7:30 PM	Start 12:30 PM

Date of Event: \_\_\_\_\_

Start / End times: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Preferred venue: \_\_\_\_\_

Brief description of event (If Media Event, include overview of news to be released): \_\_\_\_\_

Company, institution or organization submitting this application: \_\_\_\_\_

Name & title of person submitting this application: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE/PROVINCE POSTAL CODE COUNTRY

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

Company Website: \_\_\_\_\_

Client, if application is submitted by meeting management company: \_\_\_\_\_

Send completed application via email, fax or postal service to

**SABCS**  
**CTRC at UT Health Science Center San Antonio**  
**7979 Wurzbach Road, MC 8224**  
**San Antonio, TX 78229**  
**Fax 1 210-450-1560**  
**SABCS@UTHSCSA.EDU**

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_

APPROVED     DENIED