



SABCS 2018 OPEN SATELLITE EVENT APPLICATION

SUBMISSION DEADLINE: JULY 3, 2018

This application is also available on line as a fillable form at www.sabcs.org

Title of Proposed Event: _____

Please number 1–3 to indicate preferred date of event. Time slots are not necessarily exclusive. More than one event may be scheduled on a single night.

____ Tues., Dec. 4, 7:30 PM

____ Wed., Dec. 5, 7:30 PM

____ Thurs., Dec. 6, 7:30 PM

Start / End times: _____ Estimated Attendance: _____

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 Zip/ Postal Code Country

Telephone: _____ Fax: _____

Email: _____

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 email, fax or postal service to

SABCS

Mays Cancer Center

7979 Wurzbach Road, MC 8224, San Antonio, TX 78229

Fax 210-450-1560

sabcs@uthscsa.edu

FOR OFFICE USE ONLY	
Date Received	_____
Date Reviewed	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	