



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	