



December 8-12, 2020

Henry B. Gonzalez Convention Center  
San Antonio, Texas USA



# 2020 Open Satellite Event Application

SUBMISSION DEADLINE: JULY 7, 2020

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.

\_\_\_ Tuesday, December 8, 7:30 PM    \_\_\_ Wednesday, December 9, 7:30 PM    \_\_\_ Thursday, December 10, 7:30 PM

\_\_\_ Friday, December 11, 7:30 PM    \_\_\_ Saturday, December 12, 12:00 PM

Start / end times: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Program objective: \_\_\_\_\_

Target audience: \_\_\_\_\_

CME provider: \_\_\_\_\_

Sponsors (funding sources): \_\_\_\_\_

Event organizer (company or organization name): \_\_\_\_\_

Check here if a non-profit organization

Company website: \_\_\_\_\_

Contact name and 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  
UT Health San Antonio  
7979 Wurzbach Road, MC 8224  
San Antonio, TX 78229  
Fax 210-450-1560  
sabcs@uthscsa.edu

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|-----------------------------------|---------------------------------|
| Date received _____               |                                 |
| Date reviewed _____               |                                 |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |