

**DECEMBER 5-9, 2023  
HENRY B. GONZALEZ CONVENTION CENTER**

**Application submission deadline: August 10, 2023 | Applications will not be processed without deposit.**

## Applicant Information

Program Title \_\_\_\_\_

Program Director Name \_\_\_\_\_

CME Provider \_\_\_\_\_

Sponsoring Organizer Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Industry Supporter Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## Space Request

(Every effort will be made to accommodate requests.)

### Preferred Dates

(Evening slots only; suggested time 7:00 p.m.–10:00 p.m. CT)  
Please rank your preferred dates from 1-4 with 1 being the highest.

Tuesday, December 5 \_\_\_\_\_ Wednesday, December 6 \_\_\_\_\_

Thursday, December 7 \_\_\_\_\_ Friday, December 8 \_\_\_\_\_

**Anticipated size of audience:** \_\_\_\_\_

**Food service planned:**  Yes  No

If yes, type of service (i.e. reception, buffet, plated dinner):  
\_\_\_\_\_

### Set-up requested:

- Theater  Conference  Classroom  
 Reception  Rounds  
 Other \_\_\_\_\_

### FOR OFFICE USE ONLY

Application received: \_\_\_\_\_ Deposit received: \_\_\_\_\_ Staff initial: \_\_\_\_\_  
 Agreement received: \_\_\_\_\_ Balance received: \_\_\_\_\_ Staff initial: \_\_\_\_\_  
 Space assigned: \_\_\_\_\_

## Proposals Must Also Include the Following:

- Target Audience  Program Abstract  
 Professional Practice Gaps and Needs Assessment  
 Learning Objectives  
 Names and credentials of proposed faculty  
 General Plan for marketing the symposium  
 Non-refundable deposit of \$5,000 (total fee: \$30,000)

**NOTE: If accepted, final payment is due by September 8, 2023.**

## Disclaimer and Signature

By submitting this application, the organizer acknowledges understanding of the SABCS' guidelines and restrictions regarding Satellite Educational Symposia and agrees to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

- Check Payment  Credit Card Payment  
 Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_ CSC/CVV# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address (street) \_\_\_\_\_

Billing Address (city, state, zip) \_\_\_\_\_

**Submit this form along with all materials and deposit by August 10, 2023 to:**

**Mail:** San Antonio Breast Cancer Symposium® (SABCS)  
7979 Wurzbach Road, MC 8224 | San Antonio, TX 78229

**Email:** sabcs@uthscsa.edu

