



# Satellite Symposium Reservation Form

We are interested in hosting a Satellite Symposium at:

Company:

Contact Name:

Street:

City:

Prov.:

Postal Code:

Tel.:

Fax:

Email:

Please indicate if this is a Symposium sponsored by:

Industry – Name:

Not-for-Profit – Name:

Intended Topic Title:  
(Mandatory)

SES	Slots available are: Monday morning, Tuesday morning and Tuesday afternoon
<b>Satellite Symposium preference:</b>	
<input type="checkbox"/> Morning Symposium	
<input type="checkbox"/> Afternoon Symposium	
<b>Fees:</b>	
Corporate Member .....	\$4,000
Corporate Non-Member .....	\$6,000
Not-For-Profit .....	\$4,000

PPC	Slots available are: Sunday lunch, Monday breakfast, Monday dinner, Tuesday breakfast, Tuesday dinner, Wednesday breakfast, Wednesday lunch
<b>Satellite Symposium preference:</b>	
<input type="checkbox"/> Breakfast Symposium	
<input type="checkbox"/> Lunch Symposium	
<input type="checkbox"/> Dinner Symposium	
<b>Fees:</b>	
Corporate Member .....	\$6,000
Corporate Non-Member .....	\$8,000
Not-For-Profit .....	\$4,000

The slot for your satellite symposium will be allocated on a first-come, first-serve basis and to best complement the CSHP educational program. However, we will endeavour to satisfy your preference.

Prices do not include food and beverages. This should be arranged between the sponsor and the hotel.

\*The Not-For-Profit fee applies only when no drug industry sponsorship is obtained. Therefore, under no circumstances should there be any recognition of industry sponsorship in this category.

## FOR OFFICE USE ONLY

Final approval granted: \_\_\_\_\_

Yes  No

Authorized Signature

Date