PPC • Satellite Symposium Form

Company:				
Contact Name:				
Street:	ı			
City:	Prov:		Postal Code:	
Tel.:				
Email:				
Please indicate if this is a Symposium sponsored by:				
Industry - Name:				
Not-for-Profit - Name:				
Intended Title and Brief Description: (Mandatory)				
Satellite Symposium Preference	Sunday	Mo	nday	Tuesday
Breakfast Symposium (90 min)	2.0			,
Lunch Symposium (90 min)				
Dinner Symposium (120 min)				
Fees:Corporate Supporter\$8,000Corporate Non-Supporter\$10,000Not-for-Profit\$5,000				
The slot for your satellite symposium will be allocated on a first-come, first-served basis to best complement the CSHP educational program. It is possible that there will be more than one symposium during any given time slot. It is at the discretion of CSHP to limit the number of symposia held at one time. CSHP will endeavour to satisfy your preference. Prices listed above do not include food and beverage, speaker expenses or the audio visual requirements for your symposium. These are the responsibility of the sponsoring company. These services will need to be arranged directly through the venue. For lunch symposium, you are required to provide food for all registrants on that day.				
CSHP will assign space for the symposium.				
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.				
Submission of this form does not guarantee a time slot or acceptance of the symposium. It must be completed in FULL (including topic and proposed speakers) before it will be sent to the Educational Services Committee (who are responsible for the educational content of the conference) for consideration.				
FOR OFFICE USE ONLY Final approval granted: Yes No Authorized Signature		 Date		