

APPENDIX D: SATELLITE SYMPOSIUM REQUEST FORM

Organizations wishing to hold a Satellite Symposium during the Joint Meeting of the Society for Neuro-Oncology and the Section on Tumors must first obtain SNO and Section on Tumors approval and are required to submit this Request Form together with a non-refundable application fee of \$500 prior to May 18, 2009.

Organization _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Contact person _____ E-mail Address _____ Telephone _____

Will the event be a CME symposium? Yes No If yes, anticipated CME credits: _____

Is the organization a SNO Partner? Yes No Anticipated Attendance: _____

DATE/TIME REQUESTED:

Thursday, October 22, 2009, 7:30 – 9:30 pm

Grant Fee: \$20,000 (\$10,000 for current SNO Platinum sponsor or Leader level meeting sponsor.)

Exclusive Reservation

Grant Fee: \$40,000 (Thursday)

TITLE OF PLANNED SYMPOSIUM

Brief description, topics to be discussed, proposed faculty

Please read the rules and arrangements for satellite symposia on the following page.

I have read and agree to abide by the ISS Guidelines pertaining to Satellite Symposia.

Signature _____ Printed name _____ Date _____

SATELLITE SYMPOSIA REVIEW

Applications for Satellite Symposia will be reviewed by the Joint Scientific Program Committee for acceptance or denial is expected June 2, 2009.