American Society *of* Hematology
54th Annual Meeting and Exposition • December 7-10, 2013 • New Orleans, LA

Friday Satellite Symposia Application
Friday, December 6, 2013
Application Deadline: March 29, 2013

Please read the ASH guidelines for the 2013 Friday Satellite Symposia (FSS) carefully before completing this application. Participating parties must ensure that all personnel comply with the ASH guidelines for Friday Satellite Symposia. Violations of ASH guidelines are taken seriously and will result in penalties for all parties involved.

ASH no longer limits the number of applications per company as long as they are co-supporting the symposia with one or more companies. Funding must be confirmed at the time of submission; applicants are required to submit a funding commitment letter from all supporting companies.

Please type/print as neatly as possible. *If additional space is needed*, please feel free to attach additional documentation. This application must be completed in its entirety to be considered. If the application is accepted, we will use the information that you provide in future promotions of FSS.

Symposium Title: _____

CONTACT INFORMATION

Supporting Company 1 (Company or organization providing the funding):

Website:_____

Contact Name:_____ Title:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

Supporting Company 2, if applicable (Company or organization providing the funding):

Website:_____

Contact Name:_____ Title:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

Supporting Company 3, if applicable (Company or organization providing the funding):

Website:_____

Contact Name:_____ Title:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

CME Provider (CME Accrediting University/Institution):

Website:_____

Contact Name:_____ Title:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

Signature: _____

(Indicates you have read and agree to comply with the ASH guidelines.)

Managing Company (Company that handles the logistics of the symposium):

Website:_____

Contact Name:_____ Title:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

Signature:_____

(Indicates you have read and agree to comply with the ASH guidelines.)

Main Contact:

This person will receive all future correspondence, agrees to take responsibility for ensuring compliance with the ASH guidelines, and is responsible for sharing appropriate information with other representatives.

Contact Name:_____

Company/Organization:_____

Address:_____

City:_____State:_____Zip Code:_____Country:_____

Phone:_____Fax:_____E-Mail:_____

Signature:_____

(Indicates you have read and agree to comply with the ASH guidelines.)

Description of Symposium (This description should be limited to 90 words or less, and will be used as is in all promotional materials for FSS. Please be sure to spell out all acronyms for this purpose. See sample description on ASH FSS webpage for reference.

_____

_____

_____

_____

Educational Needs Assessment for the Symposium:

_____

_____

_____

Target Audience:

_____

_____

Learning Objectives and Goals:

_____

_____

_____

Proposed Agenda:

_____

_____

_____

_____

List of Speaker Names and Institutions/Companies:
(***Please provide speaker disclosure information with this application.*** *Applications will not be processed without the disclosure information.*)

ASH strongly recommends that you limit your program to six speakers.

Speaker #1 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Speaker #2 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Speaker #3 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Speaker #4 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Speaker #5 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Speaker #6 Name:_____

Institution/Company: _____

Conflict/Speaker Disclosure: _____

Written plan for how evaluations and CME credit will be distributed on-site:

_____

_____

Enduring Materials:

_____

_____

_____

Estimated Attendance:

Estimated attendance is the number of people you anticipate will attend your program. The associated fee is based on the estimated attendance; however, please note that if the actual attendance exceeds the estimate, ASH will re-invoice as necessary. No refunds will be made if the attendance is less than anticipated.

☐ **300** _____$55,000	☐ **400** _____$60,000	**500** _____$70,000
☐ **600** _____$80,000	☐ **700** _____$90,000	**800** _____$100,000

Preferred Time Slot:
_____ 7:00 -11:00 a.m. ***(Nonprofit only)*** **_____ 12:30 – 4:30 p.m.** **_____6:00 – 10:00 p.m.**

ASH makes every effort to accommodate preferred time slots. However, due to a variety of venue circumstances or space restrictions, preferred time slots may be shifted. As a result, FSS may be scheduled during the same time as other presentations covering similar topics. In addition, if venue space is limited, preference is given to FSS scoring the highest by the FSS Study Section.

ASH provides a 50% discount to nonprofits that hold a symposium in the 7:00 -11:00 a.m. time slot; this discount is not available for nonprofits selecting the other two time slots. If a nonprofit has additional supporting companies, all must be nonprofits to take advantage of the reduced rate. Pharmaceutical companies partnering with a nonprofit may request to hold their program during the 7:00 – 11:00 a.m. time slot, but they must pay full fee amount if the morning time slot is assigned. **Nonprofits must submit proof of their status with this application.**

Audio/Visual Needs:

Projection: _____Front Screen _____Rear Screen
Number of Screens: _____ Single _____Dual

Food Function:

_____Before Symposium _____After Symposium _____No Food Function

Please note: *Due to limited space availability, a separate food function room is not guaranteed.*

Please include a sample evaluation form with this application.

Completed applications must be e-mailed to the attention of:

Malva Mangan, ASH Corporate Relations Specialist at *mmangan@hematology.org* by 5:00 p.m. EST on Friday, March 29, 2013.