

Satellite Symposium Request Form

Organizations wishing to hold a Satellite Symposium must first obtain approval and are required to submit this Request Form together with a non-refundable application fee of \$500.

Organization _____

Address _____

City _____

State _____

Zip/Postal Code _____

Contact person _____

E-mail Address _____

Tel. _____

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

Is the organization a SNO Partner? Yes No

If no, please note the eligibility requirements for hosting symposia and attach the SNO Partner application (Appendix C)

Title of Planned Symposium _____

Brief description, topics to be discussed, proposed faculty (or attach one-page sheet)

I have read and agree to abide by the ISS Guidelines pertaining to Satellite Symposia and understand that:

1. Several Satellite Symposia may run concurrently.
2. Space assigned by SNO for Satellite Symposia will likely be in the same rooms as SNO's general sessions.
Correspondingly, access to assigned meeting space will be limited only to the time slot provided by SNO.

Signature _____

Printed name _____

Date _____

SNO Review

Applications for Satellite Symposia will be reviewed by SNO.

Decision for acceptance or denial will be made on a first come, first served basis and slots may therefore sell out.

Send completed form and \$500 application fee to:

Megan Bell Johnston
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PO Box 273296
Houston, TX 77277-3296

Phone: 713-526-0269 Fax: 801-421-0269

Email: megan@soc-neuro-onc.org