



Application to Hold an Industry Satellite Symposium

DEADLINE FOR SUBMISSION: August 1, 2016

In addition to the below application, applicants must include the following information to be considered:

- Copy of draft program agenda in electronic format (MS Word and/or email attachment) containing title of program, title of presentations and proposed speaker names and affiliations
- Learning objectives
- Exhibitor level (Diamond, Platinum, Gold, Silver, Contributor, Introductory) – Must have secured exhibit level at time of payment
- Organization name of support (single or multi-supported) – Support must be secured at time of payment

NAME OF EVENT: _____

Please indicate by checking the box below first and second preference [☐ Breakfast ☐ Lunch] and day preferred:

First	Second		
☐	☐	Friday, December 9, 2016	6:45 am – 7:45 am (2 slots available) *
☐	☐	Friday, December 9, 2016	12:45 pm – 1:45 pm (2 slots available) *
☐	☐	Saturday, December 10, 2016	6:45 am – 7:45 am (2 slots available) *
☐	☐	Saturday, December 10, 2016	12:45 pm – 1:45 pm (2 slots available) *

***Note: Times reflect 60 minutes for actual symposium with 15 minutes before and after for movement to and from the general session. Program must be contained in the sixty (60) minutes allowed.**

WILL THE PROGRAM BE AN ACCREDITED SYMPOSIUM? (Only Accredited Symposia will be considered)

☐ YES ☐ NO

Name of company accrediting: _____

ANTICIPATED ATTENDANCE: _____ ANTICIPATED CME CREDITS: _____

***Note – (Must meet minimum requirement set forth in guidelines)**

SUPPORTING COMPANY(ies): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

E-Mail: _____ Phone: _____ FAX: _____

Corporate Web Site: _____

Is this Corporation a confirmed Exhibitor at the 2016 Advances in IBD conference? ☐ YES ☐ NO

If no, please note that symposia eligibility is reserved for corporations who have confirmed exhibition. Please refer to the Support Prospectus for exhibition information ***Note: Exhibit support must be confirmed at time of payment.**

THIRD PARTY COMPANY:

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

E-Mail: _____ Phone: _____ FAX: _____

Corporate Web Site: _____



PLEASE PROVIDE YOUR RESPONSE TO THE FOLLOWING QUESTIONS:

1. Offer a statement of educational need that will be met by the session with backup documentation of the determination of that need. A tentative list of faculty is appreciated at this time.

2. List the learning objectives of the symposium.

3. List title of all topics and topic descriptions.

4. Include the program agenda.

5. Please provide a description of the evaluation process. Copy of the evaluation form is requested for review.

6. Provide a description of the program's target audience, invitation process and verification plan for attendance.

7. Summarize how faculty and planning committee disclosure information will be communicated to attendees.

8. Summarize how conflicts of interest are to be managed among symposium planning committee members and presentation faculty.

9. Include specific details regarding intent to re-purpose content presented during the symposia, including the format (DVD, e-learning, etc) of re-purposed content and the plan for distribution of re-purposed content.

This application must be received by Imedex no later than **5:00 p.m. EST, August 1, 2016**. Send your completed application either via:

- E-mail to t.lovich@imedex.com, Subject line: 2016 Advances in IBD Conference Symposia Application
- Fax to +1 (770) 751-7334, ATTN: 2016 Advances in IBD Conference Symposia Application.