**Sponsored Symposium Event Application**

***Virtual and In-Person Options Available***

SITC requires all organizations that wish to hold an event of any size or nature during the 37th Annual Meeting & Pre Conference Programs (SITC 2022) to complete an event request form. No requests will be considered without an application.

Event request forms submitted after November 1, 2022 require an immediate follow up with SITC. Contact mlaue@sitcancer.org, or call the SITC office at (414) 271-2456 during business hours.

Event requests will be reviewed as needed and approved on a first come first served basis with priority given to previous year’s sponsors. Please allow 7-10 business days for receipt of confirmation and time assignment. Submitting a request does not guarantee assignment.

A confirmation email will be sent to the submitter immediately after the form is submitted.

*\* Indicates a required field*

ORGANIZATION & CONTACT INFORMATION

Host Organization Name (as it should appear in SITC 2022 marketing materials):\*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Organization Address:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a third party planning organization completing this form on behalf of another organization?\*

🗆 Yes 🗆 No

If yes, please indicate the name of your organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planner First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planner Last Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planner Email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planner Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT DETAILS

[ ]  In-person Sponsored Symposium [ ]  Virtual Sponsored Symposium

Sponsored Symposium Title\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will session be accredited?\*

 [ ]  Yes, session is CME [ ]  No, session is non-CME

Preferred Date/Time Slot (indicate your top three preferences):

*All times Eastern*

**Weds. Nov. 9th *(virtual only)***

[ ]  7 – 7:30 a.m. ($15,000) [ ]  7:30 – 8 a.m. ($15,000)

**Thurs. Nov. 10th *(virtual or in-person)***

[ ]  6:30 – 7:30 a.m. ($25,000)

[ ]  12 – 1 p.m. ($35,000)

[ ]  7:30 – 9 p.m. ($40,000)

**Fri. Nov. 11th *(virtual or in-person)***

[ ]  6:15 – 7:15 a.m. ($25,000)

[ ]  12 – 1 p.m. ($35,000)

[ ]  7 – 8:30 p.m. ($40,000)

**Sat. Nov. 12th *(virtual or in-person)***

[ ]  7 – 8 a.m. ($25,000)

[ ]  1:15 – 2:45 p.m. ($35,000)

**Virtual Symposia Only**:

[ ]  30 minutes: $15,000 ׀ Preferred Date/Time (from list above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Attendance (including speakers, faculty, staff and attendees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional notes to consider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT

**Payment Options\*:**

[ ]  Check made payable to:

**Society for Immunotherapy of Cancer**

Attn: Mindon Laue

555 E. Wells Street, Suite 1100

Milwaukee, WI 53202-3823

[ ]  ACH or wire transfer (contact development@sitcancer.org for details)

[ ]  VISA [ ]  MasterCard [ ]  American Express

Card Number: Expiration Date:

Cardholder Name (please print):

Signature: Date:

SPONSORED SYMPOSIA POLICY

🗆 I have read and agree with the terms of the 2022 Sponsored Symposia Policy and release SITC from all liability.\*

Name:

Signature:

Date: