

2018
CALL FOR SATELLITE
SYMPOSIA

AMCP MANAGED CARE & SPECIALTY PHARMACY ANNUAL MEETING 2018
APRIL 23-26 • BOSTON, MA
BOSTON CONVENTION & EXHIBITION CENTER

SUBMIT NOW



Satellite Symposia Application

AMCP Managed Care & Specialty Pharmacy Annual Meeting 2018
APRIL 23-26, 2018
Boston Convention & Exhibition Center, Boston, MA

Complete application and make sure to attach written funding confirmation (e.g., letter of agreement or email confirmation) from all companies providing grant support. **Please note that slot confirmation will not be given without proof of grant funding. AMCP will issue payment invoices for all confirmed satellite symposia slots and payment will be required upon receipt.** Please email application and proof of funding to Maria Miranda at mmiranda@amcp.org, send via USPS mail to AMCP, 675 North Washington Street, Suite 220, Alexandria, VA 22314; or fax to 703-684-2651.

Please note: Satellite Symposia slot assignments will be made based on order of application receipt, slot availability and content.

SATELLITE SYMPOSIUM TITLE:

WHO WILL BE THE PRIMARY CONTACT AND PROGRAM MANAGER FOR THE SATELLITE SYMPOSIUM?

Name: _____

Job Title: _____

Company: _____

Address: _____

Telephone: _____ Email Address: _____

Time Slot Criteria and Associated Fees

Please rank your top three (3) time slots below. Date and time assignments based on order of application receipt, slot availability and content. If another organization has proposed the same or very similar topic on a prior application for the same date and time slot, the second application will be assigned one of their alternate choices. AMCP will make every effort possible to not schedule like topics at the same time.

| Enter Top 3 Ranking (e.g., 1, 2, 3) | Date | Time | Slots Available | Fee |
|----------------------------------------|---------------------------|-------------------|--------------------------------------------------------------------|----------|
| | Monday, April 23, 2018 | 6:00 pm - 8:00 pm | One (1) slot <small>*Must be Specialty Pharmacy Related</small> | \$17,500 |
| | Tuesday, April 24, 2018 | 6:00 am - 8:00 am | Two (2) slots | \$17,500 |
| | Wednesday, April 25, 2018 | 6:00 am - 8:00 am | Two (2) slots | \$17,500 |
| | Wednesday, April 25, 2018 | 6:00 pm - 8:00 pm | Two (2) slots | \$17,500 |
| | Thursday, April 26, 2018 | 6:00 am – 7:45 am | Two (2) slots | \$17,500 |

SLOT SELECTION

- Satellite Symposia slot assignments will be made based on order of application receipt, slot availability and content.
- Content of proposed program. If an organization has proposed a very similar topic on a prior application for the same date and time slot, the second application will be assigned their alternate date and time slot.

PLEASE CHECK ANY ADDITIONAL OPPORTUNITIES THAT YOU WILL BE INTERESTED IN PURCHASING

I plan to conduct a Hotel Door Drop: *(AMCP charges a \$1,000 fee for each door drop and will provide an authorization memo including hotel contact information for making door drop arrangements. Pricing for the distribution is determined by the individual hotel property and those billing arrangements must be made directly between the company and the hotel.)*

I plan to purchase the registered meeting attendee list: *(For one time use only, registration mailing list includes name, title, company and address (no phone, fax or emails). The fee for non-corporate members is \$3,000 and for AMCP corporate members is \$1,500). The registration mail list will be available four (4) weeks prior to the meeting.*

I plan to purchase a tote bag insert: *(A limited number of tote bag inserts given to all attendees at registration are permitted for \$7,500)*

I plan to do a supplement of my live symposium activity in The Journal of Managed Care & Specialty Pharmacy (JMCP): Please visit <http://www.jmcp.org/>. Click on **Authors/Reviewers** tab and then click on **Supplement Submission Checklist**.

I plan to advertise in the Journal of Managed Care & Specialty Pharmacy (JMCP): Please visit <http://www.jmcp.org/>, click on the **Advertise** tab to download the AMCP/JMCP Media Kit for pricing information.

I plan to advertise in the Final Program: (All ad pricing represents 4-color ad copy)

- Full Page | Inside Front Cover | Corporate Member \$5,000
- Full Page | Inside Back Cover | Corporate Member \$4,500
- Tab Page | \$5,000
- Full Page | Corporate Member \$4,000
- Half Page | Corporate Member \$3,000
- Full Page | Non-Corporate Member \$4,200
- Half Page | Non-Corporate Member \$3,200

Please note: to advertise in the Final Program you must be an exhibitor, sponsor, or affiliated with an approved AMCP Annual Meeting 2018 event.

AFTER THE APPROVAL OF YOUR APPLICATION AND SLOT CONFIRMATION, YOU WILL RECEIVE THE FOLLOWING PACKET AROUND MID-DECEMBER VIA EMAIL:

- Official confirmation letter
- Satellite Symposia Guidelines
- Satellite Symposium Agreement
- Satellite Symposium Invoice
- AMCP logo and guidelines
- Door Drop Request Form
- Pre-registered Mail List packet
- Checklist and Deadlines

AMCP will e-mail a receipt of your symposium submission once it is received. If you do not receive an e-mail acknowledging receipt of application within 72 hours of submission, please e-mail mmiranda@amcp.org.



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SATELLITE SYMPOSIA SUBMISSION OUTLINE

Satellite Symposium Title: *Should appear in upper-case and lower-case letters (using traditional capitalizing) and must reflect the actual content of the presentation*

Program Description: *Comprehensive summary of the content and flow of the symposium (350 words maximum)*

Learning Objectives: *Include at least three specific, measurable learning objectives that define intended outcomes for the audience and complete the statement: "At the completion of this activity, participants should be able to:*

Target Audience: *Please specify whether the symposium is intended for pharmacists, pharmacy technicians, physicians, nurses, etc.*

Name of ACPE-accredited provider that will award CPE credit for the symposium:

Hours of CPE credit or CEUs to be awarded:

Name of accredited providers of CME and CNE credit *(if applicable)*:

Source(s) of commercial support:

Detailed program agenda *(with time allotments)*:

List of confirmed/invited faculty (e.g., full name, academic degrees, job title, work affiliation/company, city and State):

Biographical sketch—one paragraph summarizing the qualifications of each confirmed/invited faculty member. Please do not submit complete CVs.