

# Satellite Symposia Application

AMCP Nexus 2018  
 October 22-25, 2018

Orlando World Center Marriott, Orlando, Florida

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:**

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**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.*

Enter Top 3 Ranking (e.g., 1, 2, 3)	Date	Time	Slots Available	Fee
	Monday, October 22, 2018	11:30 am - 1:00 pm	Two (2) slots	\$17,500
	Monday, October 22, 2018	6:00 pm - 8:00 pm	Two (2) slots	\$17,500
	Tuesday, October 23, 2018	6:00 am - 8:00 am	Two (2) slots	\$17,500
	Tuesday, October 23, 2018	6:30 pm - 8:30 pm	Two (2) slots	\$17,500
	Wednesday, October 24, 2018	6:00 am – 7:45 am	Two (2) slots	\$17,500
	Wednesday, October 24, 2018	6:00 pm - 8:00 pm	Two (2) slots	\$17,500
	Thursday, October 25, 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's door drop fee is \$1000 for each drop. You will be charged when applying but if piece is not approved the fee will be refunded. This fee is separate from any of the hotel charges. AMCP-contracted hotels will require a copy of the approval memo from AMCP in order to process arrangements for the door drop. Pricing for the distribution range from \$1.50-\$5.00 per piece/per door. Final cost 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 conference 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 \$1,500 and for AMCP corporate members is \$750). The registration mail list will be available four (4) weeks prior to the conference.*

**I plan to purchase a tote bag insert:** *(This opportunity puts your materials in the hands of nearly every attendee. A limited number of bag inserts are permitted, so reserve your place early. Artwork is subject to AMCP approval for \$5,500)*

**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 Nexus 2018 event.

**AFTER THE APPROVAL OF YOUR APPLICATION AND SLOT CONFIRMATION, YOU WILL RECEIVE THE FOLLOWING PACKET VIA EMAIL:**

- Official confirmation letter
- Satellite Symposia Guidelines
- Satellite Symposium Agreement
- Satellite Symposium Invoice
- AMCP Conference Banner
- Door Drop Request Online Form
- Pre-registered Mail List Online Form
- 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](mailto:mmiranda@amcp.org).*

## 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.*