



MAY 8-11, 2019
SAN FRANCISCO
TOGETHER WE ARE 

Official Educational Satellite Symposia Application | Certified and Non-Certified Events

To be considered and/or approved for an Official Educational Satellite Symposium, complete this application and return it electronically. If more space is needed to complete the application, attach additional information in a Word document and clearly label the section to which this additional information belongs. **Incomplete applications will not be processed.**

Deadline to be included in the Heart Rhythm 2019 Scientific Session Preview – **November 9, 2018**
Complete this form in its entirety to expedite the approval process.

PROGRAM INFORMATION

1. **Title of Program/Symposium:** Required

2. **Proposed Program/Agenda:** Required

3. **Program/Course Director:** (include title and affiliations):
Required

4. **Faculty List:** (include titles, affiliations and disclosures): Required

Confirm that all faculty will provide disclosure statements in accordance to certification guidelines in effect at the time of application.

5. **Summary of Needs Assessment with References and Desired Result:** Required

6. **Learning Objectives:** Required

7. **Abstract Summary of Program:** This description will be included in select printed and electronic materials. HRS reserves the right to edit this and other sections for length, grammar and to meet HRS style rules. (Limit 150 words.)
Required

8. Will the proposed educational event involve discussion of a manufacturer's products? Required

Yes

No

If Yes, list product(s) and manufacturer(s) that will be discussed: **Required**

[Redacted]

9. Check intended participants: Required

Allied Health Care Professionals

Fellows-in-Training

Physicians

Other

11. Check the types of credit that this symposium will offer: Required

CME Credit

CE Credit

Non-CME/CE Education

Other:

12. Accreditation Statement: (Indicate that the program is certified for *AMA PRA Category 1 Credit™* or appropriate CE certification for allied professionals.) **Required**

[Redacted]

13. Evaluation Process: Provide a description of the evaluation process and expected outcomes as related to the needs assessment. **Required**

[Redacted]

CONTACT INFORMATION Required

1. CME/CE ACCREDITED PROVIDER

Company Name:

Contact Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

2. GRANTOR/COMMERCIAL SUPPORTER

Company Name:

Contact Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

3. THIRD PARTY PLANNER

Company Name:

Contact Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

4. ADDITIONAL CONTACT: Please note additional contacts who should receive symposium details, if not listed above.

Contact Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

SCHEDULING INFORMATION

Industry Educating Professionals Days at Heart Rhythm 2019		
	Monday, May 6	7 a.m.-10 p.m.
	Tuesday, May 7	7 a.m.-10 p.m.

Heart Rhythm 2019 40th Scientific Sessions		
	Wednesday, May 8	6-7:45 a.m.
	Wednesday, May 8	11:45 a.m.-1:45 p.m. (A)
	Wednesday, May 8	6:30-10 p.m.
	Thursday, May 9	6-7:30 a.m.
	Thursday, May 9	6:30-10 p.m.
	Friday, May 10	6-7:30 a.m.
	Friday, May 10	6:30-10 p.m. (B)
	Saturday, May 11	6-7:30 a.m.

1. Preferred Date and Time: Indicate 1st choice, 2nd choice, and 3rd choice above. HRS will do its best to accommodate your request, but cannot guarantee you will be assigned your preferred time slot. **Required**

- (A) - Overlaps with the following Heart Rhythm 2019 programming: Hands-On Educational Session, Allied Professionals Forums, Basic Science Forum, Summits, and Mini-Courses.
- (B) - Overlaps with the HRS Scientific Sessions programming which ends at 7p.m.

Note: Registration and modest meal functions for all satellites are permitted to begin **no more** than one half hour prior to the event's start time.

2. Preferred Function Location: Indicate preferred choices. HRS will do its best to accommodate your request, but cannot guarantee that your symposium will be assigned to your first-choice hotel. **Required**

- San Francisco Marriott Marquis
- InterContinental San Francisco
- Palace
- Westin St. Francis

3. Anticipated Attendance: Required

4. Program Time: (as you would like it to appear in printed materials):

- **Beginning Time:**
- **Ending Time:**

5. Meeting Room Availability: (Approximate time necessary for production/audio visual set)

- **Set-up Date/Time:**
- **Tear-Down Completion Date/Time:**

6. Function Type: (please check all that apply)

- CME/CE Education with Breakfast
- CME/CE Education with Lunch
- CME/CE Education with Full Dinner
- CME/CE Education with Reception
- CME/CE Education with Dessert
- International Attendees CME/CE
- Other
- Non-CME/CE Education with Breakfast
- Non-CME/CE Education with Lunch
- Non-CME/CE Education with Full Dinner
- Non-CME/CE Education with Reception
- Non-CME/CE Education with Dessert
- International Non-CME/CE
- Other

7. Room set-up:

- Schoolroom
- Theater
- Rounds
- Crescent Rounds
- Other:

8. If A/V will be used, what type of projection is planned:

- Front
- Rear
- Other:

REGISTRATION URL

1. **Online Registration:** Web address or email address for potential attendees to obtain more information and register for the symposium: _____

ADDITIONAL OPPORTUNITIES

Want to put the spotlight on your program? Select any of the following items you would like to learn more about.

- HRS Co-Sponsorship Program** (if approved, benefits include HRS endorsement, additional pre-reg mailing list, program mentions in HRS "Keeping Pace" Newsletter, inclusion into HRS Social Media; Facebook and Twitter.
- Official Educational Satellite Symposia Marketing Package** (benefits include advertising in printed publications and Heart Rhythm 2019 App)
- Enduring Opportunities** (Feature a recording of your program on the Heart Rhythm Learning Center)
- Direct Connect Hotel Room Drop** (Invitation or program materials distributed to hotel room door of attendee rooms within select Heart Rhythm hotels (production and shipping responsibility of Provider)

ADMINISTRATIVE FEE INFORMATION

The administrative fee for holding an Official Educational Satellite Symposium: Certified and Non-Certified Educational Event is outlined below and is due in the form of a check, payable 30 days after confirmation of approval. A confirmation letter will be sent upon approval of your satellite symposium.

Check appropriate fee:

- | | |
|---|--|
| <input type="checkbox"/> \$35,000 for Lunch or Evening Official Satellite Symposium | <input type="checkbox"/> \$15,000 for International Attendee Only Program |
| <input type="checkbox"/> \$30,000 for Breakfast Official Satellite Symposium | <input type="checkbox"/> \$7,500 for Fellows-In-Training Satellite Program |
| | <input type="checkbox"/> \$7,500 for Allied Health Care Professional Program |

SIGNATURE INFORMATION

Date: _____

Organization: _____

Signature: _____

Electronic Signature: _____ PRINT NAME THEN CHECK THIS BOX

- CHECKING THIS BOX INDICATES YOUR ACKNOWLEDGEMENT OF THE ELECTRONIC SIGNATURE AS A BONAFIDE SIGNATURE AUTHORIZATION

- Check here** to verify you have read the [Official Educational Satellite Symposium: Certified and Non-Certified Educational Event Guidelines](#) prior to submitting this application

SUBMISSION INFORMATION

For application questions, please contact:

Brent Schwartz
Blackwood CME
461 Route 168, Unit A, Blackwood, NJ 08012 USA
Phone: +1- 856-513-9652
E-mail: brent.schwartz@BlackwoodCME.com

Submit Application