

Official Educational Satellite Symposia Application | CME Events

Complete this application to host an Official Educational Satellite Symposium that offers CME/CE credit. For Symposia that do not offer CME/CE credit, please complete the [Non-Certified/Non-CME Events application](#). **Incomplete applications will not be processed.**

Deadline to be included in the Heart Rhythm 2021 Preview – **April 14, 2021**

PROGRAM INFORMATION

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

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

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

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

Confirm that all faculty will provide disclosure statements in accordance with 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. Heart Rhythm Society (HRS) reserves the right to edit this and other sections for length, grammar and to meet HRS style rules. (Limit 150 words.) **Required**

8. **Do you attest that the proposed symposium will follow all ACCME and AMA compliance guidelines, including the Standards for Commercial Support?** **Required**

Yes

9. **Check intended participants:** **Required**

Allied Health Care Professionals Fellows-in-Training Physicians Other

10. **Select Specialty:** **Required**

Other

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

CME Credit CE Credit

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

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

CONTACT INFORMATION **Required**

1. CME/CE ACCREDITED PROVIDER

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:

2. GRANTOR/COMMERCIAL SUPPORTER

Company Name:
Contact Name:
Title:
Address:

City, State, Zip:
Phone:
Fax:
Email:

4. ADDITIONAL CONTACT:

Please note additional contacts who should receive symposium details.

Contact Name:
Title:
Address:

City, State, Zip:
Phone:
Fax:
Email:

SCHEDULING INFORMATION

Date	Time	Preferred Time Slot
Industry Education Day Pre-Conference		
Monday, July 26	7:00 AM – 10:00 PM	
Tuesday, July 27	7:00 AM – 10:00 PM	
Educational Satellite Symposium		
Wednesday, July 28	6:00 AM - 7:45 AM	
Wednesday, July 28	11:45 AM -1:45 PM (A)	
Wednesday, July 28	6:30 PM – 10:00 PM	
Thursday, July 29	6:00 AM – 7:45 AM	
Thursday, July 29	6:00 PM – 10:00 PM	
Friday, July 30	6:00 AM – 7:45 AM	
Friday, July 30	6:00 PM – 10:00 PM	
Saturday, July 31	6:00 AM – 7:45 AM	

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 Heart Rhythm 2021 programming.

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 the request, but cannot guarantee that your symposium will be assigned to your first-choice hotel. **Required**

- Westin Boston Waterfront
 Renaissance Boston Waterfront
 Boston Seaport

3. **Anticipated Attendance:** **Required**

4. **Program Time:** (as it will appear in HRS 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 _____

7. Room set-up:

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

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

- Front
- Rear
- Other:

REGISTRATION URL

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 about.

- HRS Co-Sponsorship Program** *(If approved, benefits include HRS endorsement, additional pre-reg mailing list, program mentions in HRS "Keeping Pace" Newsletter, inclusion in HRS Social Media; Facebook and Twitter.)*
- Official Educational Satellite Symposia Marketing Package** *(Benefits include advertising in printed publications and #HRS2021 In-Person Application.)*
- Enduring Opportunities** *(Feature a recording of your event on the Virtual-Only event.)*
- 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 is outlined below and is due in the form of a check, wire transfer, or credit card payment, payable 30 days after receipt of 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 BONA-FIDE SIGNATURE AUTHORIZATION.

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

For more information, please contact:

Ryan Cliche
Blackwood CME
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E-mail: ryan.cliche@BlackwoodCME.com

Submit Application