

SABCS CLOSED SATELLITE EVENT APPLICATION



December 9-13, 2009

SUBMISSION DEADLINE: NOVEMBER 20, 2009

Type of Event

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Office | <input type="checkbox"/> Committee Meeting | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Investigators' Meeting | <input type="checkbox"/> Media | <input type="checkbox"/> Social |
| <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> University Alumni | <input type="checkbox"/> Other (describe below) |

Name of event (Topic if Media Event): _____

Name of group: _____

Date of Event: _____ Start / End times: _____ Estimated Attendance: _____

Preferred venue: _____

Brief description of event (If Media Event, include overview of news to be released): _____

Company submitting this application: _____

Name & title of person submitting this application: _____

Address: _____
STREET CITY STATE/PROVINCE POSTAL CODE COUNTRY

Telephone _____ Fax: _____

E-mail: _____

Company Website: _____

Client, if application is submitted by meeting management company: _____

Requested Room Set Up: Theater Classroom Banquet Other

Send completed application via e-mail, fax or postal service to

SABCS
UT Health Science Center San Antonio
CME Office
7703 Floyd Curl Dr. Mail Code 8224
San Antonio, TX 78229-3900
Fax 210-567-6072
SABCS@uthscsa.edu

FOR OFFICE USE ONLY	
DATE RECEIVED	_____
DATE REVIEWED	_____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
DATE	_____