

APhA2019 Satellite Symposia Application

Contact Name and Title

Organization

Address

City

State

Zip code

Phone

Fax

Email

Sponsoring company (required)

Application Requirements (the following information must be attached to the application):

1. Title of Proposed Symposium
2. Goals and Objectives of Symposium (learning objectives)
3. Brief Description of Symposium (50 words)
4. List of Faculty, noting if they are confirmed to speak (if available, provide a brief CV)
5. Intended Target Audience (Pharmacists, Pharmacy Technicians or both)
6. Agenda for Symposium
7. Name of the ACPE Providers as well as the ACPE UAN(s) assigned to this activity
8. Number of CEUs associated with the activity

Preferred date and time of day

Please rank your desired date and time in order of preference (1, 2, and 3 indicating your choices)

.Saturday, March 23, 2019

- 6:00 am – 8:00 am
- 6:00 pm – 9:00 pm

Sunday, March 24, 2019

- 6:00 am – 8:00 am
- 6:00 pm – 9:00 pm

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the Satellite Symposia brochure. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I also understand the cancellation policy.

Signature

Date

Send completed application and required documentation to:

Patricia Szybist • American Pharmacists Association • 2215 Constitution Ave., NW • Washington, DC 20037-2985
Phone: 202-429-7578 • Fax: 202-628-5425 • E-mail: pszybist@aphanet.org