



International Anesthesia Research Society

Satellite Symposium Agreement

Please note, Satellite Symposium Sessions are non-CME satellite symposia separate from the IARS Annual Meeting CME activity.

The following criteria must be met in order to conduct IARS Satellite Symposium:

1. **In Person Satellite Symposia:** A fee of \$12,000 will be due to the IARS for the rental of the session function space.
Virtual Satellite Symposia: A fee of \$10,000 will be due to the IARS.
2. The organization proposing a session will be required to submit their full program to IARS for review and approval at least 30 days prior to the session start date. If approved, no changes to content or faculty may be made without additional written approval.
3. The IARS does not provide CME accreditation for sessions held by outside organizations. Any accreditation for approved Satellite Symposia is the sole responsibility of the organization conducting the session. Any reference to the IARS Annual Meeting education program, use of IARS logos or IARS accreditation is not permitted.
4. The session date and time will be assigned by the IARS and agreed upon by both parties.
5. For in person satellite symposia, function space for the session may only be assigned by IARS and assignment will be based on session requirements and availability.
 - a. Once the function space is assigned by IARS the organization conducting the session will work directly with the hotel and will be solely responsible for all expenses associated with the symposium including but not limited to audio visual, food and beverage, internet, signage, etc.
6. For in personal satellite symposia, IARS will include two signs (graphics provided by the sponsor) to be placed in locations approved by the IARS.
7. Inclusion in one e-blast to IARS attendees sent in early March 2022, or one week out from the meeting date.
8. One-time use of the IARS attendee list for an approved mailer. Mailing addresses only.

Payment is due 60 days prior to the meeting. There is no refund for cancellations made within 60 days of the meeting.



IARS

International Anesthesia Research Society

Satellite Symposium Application

Company Name _____ Contact Person _____

Address _____

City, State, Zip, Country _____

Phone _____ Email _____

Satellite Symposium Type

In-Person, \$12,000 Virtual Only, \$10,000

Satellite Symposium Times

Friday, March 18, 2022

Breakfast, 9:00 am – 10:00 am
 Lunch, 12:15 pm – 1:15 pm
 Dinner, 7:00 pm – 9:00 pm

Saturday, March 19, 2022

Breakfast, 6:45 am – 7:45 am
 Lunch, 11:30 am – 12:30 pm
 Dinner, 4:00 pm – 5:00 pm

Sunday, March 20, 2022

Breakfast, 6:30 am – 7:30 am
 Lunch, 12:45 pm – 1:45 pm
 Dinner, 5:00 pm – 6:00 pm

Overall Total: \$ _____

By signing below, both parties agree to be bound by the terms of this agreement.

Sponsor Authorized Signature _____ Date _____

IARS Signature _____ Date _____

Payment Method:

Check
Make checks payable to "IARS" and mail to: P.O. Box 7695, San Francisco, CA 94120-7695.

Credit Card

Name on Card	
Card #	<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
Exp. Date	CSV Code
Signature	

IARS Federal Tax ID # 34-0750348