



Satellite Symposium Agreement

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

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

1. **In Person Satellite Symposia:** A fee of \$10,000 will be due to the SOCCA for the rental of the session function space.
2. The organization proposing a session will be required to submit their full program to SOCCA 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. SOCCA 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 SOCCA Annual Meeting education program, use of SOCCA logos or SOCCA accreditation is not permitted.
4. The session date and time will be assigned by the SOCCA and agreed upon by both parties.
5. For in person satellite symposia, function space for the session may only be assigned by SOCCA and assignment will be based on session requirements and availability.
 - a. Once the function space is assigned by SOCCA 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, SOCCA will include two signs (graphics provided by the sponsor) to be placed in locations approved by SOCCA.
7. Inclusion in one e-blast to SOCCA attendees sent in early March 2023, or one week out from the meeting date.
8. One-time use of the SOCCA 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.



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING 2023



Satellite Symposium Application

Company Name _____ Contact Person _____

Address _____

City, State, Zip, Country _____

Phone _____ Email _____

Satellite Symposium Type

In-Person, \$10,000

Available Satellite Symposium Times

Friday, April 14, 2023

Breakfast, 6:00 am – 7:00 am

Lunch, 12:00 pm – 1:00 pm

Overall Total: \$ _____

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

Sponsor Authorized Signature _____ Date _____

Payment Method:

Check

Make checks payable to "SOCCA" and mail to: 90 New Montgomery Street, Suite 412 San Francisco, CA 94105

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	

SOCCA Federal Tax ID # 36-3422600 501(c)3