

ANPA Satellite Symposium Application Form

SYMPOSIUM TITLE

COMPANY

(as you wish it to appear on identification sign and listing)

Address _____

City _____ Prov/State _____ Zip/Code _____

Country _____

SATELLITE DESCRIPTON (including, but not limited to, scientific content, speaker names, duration; attach additional sheets, if needed)

Qualifying Statement for Promotion of Satellite Symposia

All promotional material developed by the satellite symposium sponsor must contain the following statement:

"The American Neuropsychiatric Association (ANPA) has reviewed and approved this symposium as appropriate for presentation as an ANPA Satellite Symposium. The symposium constitutes the content and views of the sponsor, do not constitute an endorsement by ANPA, and is not part of the official ANPA scientific program."

Satellite Fees

Satellite sessions are 60-90 minutes in duration and are available for \$15,000 per session.

- Please reserve a satellite symposium session for my company.
- I have read and agree to abide by the Satellite Eligibility Criteria contained in this prospectus.

Contact Name _____

Title _____

Phone _____

Email _____

RETURN BY EMAIL: anpaoffice@gmail.com

RETURN BY FAX: (801) 421-0269

RETURN BY MAIL: ANPA Administrative Office, PO Box 97. Abilene, KS 67410-1707

QUESTIONS? CALL: 785-200-8184 or email: anpaoffice@gmail.com

ANPAonline.org

