Industry-Supported Satellite Symposia
Policies and Guidelines

PES Responsibilities for Industry-Supported Satellite Symposia

Room Set
The room will be set as follows:

- A riser with a head table for appropriate number of speakers (unless otherwise specified)
- Theater seating

*If these arrangements change due to hotel logistics, the symposia organizers will be notified.*

Audiovisual
PES, through its contracted, third-party A/V company, will provide and pay for the following:

- (1) screen (or multiple, if appropriate to for the room)
- (1) laser pointer
- (1) LED projector
- (1) podium microphone
- (2) floor microphones for audience Q&A
- Tabletop microphones (1 for every 2 speakers)

*(Additional equipment may be ordered by the medical education company through the third party. Any additional cost is the responsibility of the medical education company).*

Session Evaluation
PES is not responsible for the management and/or administration of Satellite Symposium evaluations.

Promotion
- All symposia will be listed in the official meeting schedule and on the meeting website.
- Each symposium will be allowed to provide a 1-page ad to be included in the meeting app. Submission deadline is March 15, 2020 and should be emailed to Maureen Thompson at Maureen@degnon.org.
- PES will market electronically to all pre-registered attendees all Satellite Symposium Sponsor’s preferred registration method.
Satellite Symposia Sponsor’s Responsibilities

Program Content
All Satellite Symposium Sponsors are responsible in entirety for all program content, management of content, speakers, and any registration.

CME
All Satellite Symposia are scheduled for either 60 or 90 minutes (see schedule for details) for the educational program. Each Satellite Symposium Sponsor is responsible for arranging, organizing and paying any fees associated with offering CME for their session.

Session Registration
The Sponsor is responsible for any on-line registration system and/or RSVP process. PES will promote the sessions and registration instructions that the sponsor shares. Pre-registration for the Satellite Symposium is not required and can be “first come, first served” on site, if the sponsor wishes. The Sponsor must provide its method to PES for distribution.

Faculty Honoraria
Any faculty honoraria are the sole responsibility of the Satellite Symposium Sponsor.

Food/Beverage
Food and beverage (F&B) is optional. It is the responsibility of the Satellite Symposium Sponsor to provide and pay for any food and beverage associated with the Satellite Symposium. All F&B must be ordered through the host hotel, The Worthington, Renaissance. It is also the responsibility of the Sponsor to be aware of and understand any possible limitations of attendees accepting food and beverage at a CME activity.

Evaluations
The Sponsor will be responsible to provide its own evaluations and is solely responsible for any logistics of preparing, collecting, and compiling the results.

Signs
• Outside of the room: Two signs, not to exceed 26 x 33 inches, or two pop-up banners, will be permitted on site and may include a box to hold brochures. These two signs may be displayed no more than 24 hours before the start of the Satellite Symposium.
• Directional Signage: A maximum of 3 pieces of directional signage may be placed in the public areas of the hotel.
• Stage signage: A maximum of two pop-up banners, one podium sign, and a table cloth/banner for the head table will be permitted on the stage.

Signage to promote a program must be approved no later than February 15, 2020.

Questions? Contact Maureen@Degnon.org

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CHECKLIST BELOW MUST BE COMPLETE BY FEBRUARY 15, 2020:

Logistics due by February 15, 2020
  o Room set - Confirm number of speakers needed for head table
  o Audio Visual - Confirm AV needs (communicate needs outside of standard equipment)
  o Signage - Provide PES with your signage copy for approval.

Promotion due by February 15, 2020
  o Provide PES with the final Symposium title and description as they should appear in meeting materials.
  o Provide PES your logo for use in signage, meeting app, etc.
  o Provide PES with instructions to register for sharing with attendees.
Satellite Symposium Request Form
Deadline: January 15, 2020

PLEASE TYPE/PRINT CLEARLY

Company/Organization Name: ____________________________________________

Contact Name and Title: __________________________________________________

Street Address: __________________________________________________________

City: _____________________________ State/Province: _____ Zip/Postal Code: ______ Country: ______

Phone: __________________________ Fax: _________________________________

E-mail (required): ______________________________________________________

Will you ☐ exhibiting ☐ corporate supporter and/or ☐ attending this meeting (you must indicate one)?

E-mail (required): ______________________________________________________

How should the function be listed in the program book and hotel reader boards?

_______________________________________________________________________

Available time slots for a Satellite Symposium:

Saturday, April 25, 5:30pm – 7:00pm (two slots available at $20,000 each)

Sunday, April 26, 6:45am – 7:45am ($15,000) and 7:00pm – 8:30pm (two slots available at $20,000 each)

Monday, April 27, 6:45am – 7:45am ($15,000)

Please list your top three time choices to hold a Satellite Symposium

1. Date: ____________________________ Time: ____________________________

2. Date: ____________________________ Time: ____________________________

3. Date: ____________________________ Time: ____________________________

Anticipated Attendance: _______________ Room Set-Up: Theater

Special set-up requirements: ____________________________________________
DEPOSIT/PAYMENT

Important: Please include with this application a deposit of 50% of the satellite symposium sponsorship fee for each requested function. The balance is due before January 15, 2020.

Total Payment Amount $ __________________

CHECKS PAYMENTS:
PLEASE MAKE PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK, AND MAIL COMPLETED FORM AND CHECK TO:
Pediatric Endocrine Society (PES) | 6728 Old McLean Village Dr | McLean, VA 22101

CREDIT CARD PAYMENTS:
Fax completed form to: 703-556-8729
Type of Card: ___ VISA ___ MC
Credit Card # ____________________________ Exp: _______ CVC: ______
Name on Card ____________________________ Signature ________________

Your signature on this form allows PES to retain your credit card number in the file for an automatic debit in the amount of the total due on January 15, 2020.

By signing this form, I acknowledge that I have read and agree to comply with the Society’s Guidelines for Satellite Symposium Meetings. I will be responsible for all charges associated with this function and no charges are to be billed to the Pediatric Endocrine Society. Violations of these guidelines may result in cancellation of function assignment. Any changes in date and time must be pre-approved by the Society.

Signature: ___________________________________________ Date: __________________

Print Name and Title: ____________________________________________

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For Meetings Department Use Only
Date Received: _______ | ☐ Approved ☐ Not Approved | Date Acknowledgement Sent: _______

Hotel Name: ___________________________ Meeting Room Name: ___________________________

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