

**Independently Supported Symposium (ISS) Application**

**Organizations requesting an ISS must have written confirmation that full funding**

**has been secured before submitting an application.**

Contact Name:

Organization:

Address:

City:       State:       Zip:

Email:       Phone:

Name(s) of Commercial Supporter(s):

**APPLICATION REQUIREMENTS**

The following information must be attached to the application.

1. Title of proposed symposium
2. Brief description
3. Intended target audience
4. Learning objectives
5. Type(s) of credit offered (AMA PRA Category 1, ANCC, ACPE, etc.)
6. If your organization is not the accredited provider, please include the name of the organization(s) that will provide credit(s).
7. Symposium agenda, if available

**PREFERENCES FOR SYMPOSIUM TIME SLOT**

Please rank your desired date and time in order of preference using numbers 1, 2 and 3.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preference** | **Date** | **Time** | **Type** | **Fee** |
|  | Wednesday, May 27 | 9:45 – 11:15 AM (90 min) | Premium Unopposed | $100,000 |
|  | Wednesday, May 27 | 3:30 – 5:00 PM (90 min) | Premium Unopposed | $100,000 |
|  | Thursday, May 28 | 7:00 – 8:00 AM (60 min) | Morning Unopposed | $ 75,000 |
|  | Thursday, May 28 | 12:15 – 1:15 PM (60 min) | Exhibit Hall is Open | $100,000 |
|  | Friday, May 29 | 7:00 – 8:00 AM (60 min) | Morning Unopposed | $ 75,000 |
|  | Saturday, May 30 | 7:00 – 8:00 AM (60 min) | Morning Unopposed | $ 50,000 |

**PROMOTIONAL OPPORTUNITIES**

Please check the promotional opportunities you wish to take advantage of. With the exception of hotel door drops, all other opportunities are at no charge.

[ ]  Posting of symposium link/registration on www.mscare.org/2020

[ ]  Inclusion of invitation in delegate bags

[ ]  CMSC mailing list

[ ]  Pre-registration list

[ ]  Email blast

[ ]  Social media postings

[ ]  Hotel door drops ($3,000 per night for ISS)

**ADDITIONAL OPPORTUNITY**

For a fee of $2,500, organizers have the opportunity to post a link to an enduring activity resulting from their ISS on the CMSC education website, www.cmscsholar.org. This fee also includes one email blast promoting the enduring activity to the CMSC database. The link will be active for one year from the posting date. Please let us know if you are interested in this opportunity by checking the appropriate box below.

[ ]  Yes [ ]  No

**AGREEMENT**

My signature below verifies that I have read, understand, and agree to comply with the conditions of this application, as well as the policies and terms contained in the CMSC Independently Supported Symposia Guidelines.

Print Name:       Title:

Signature:       Date:

Consortium of Multiple Sclerosis Centers (CMSC)

June Halper, APN-C Chief Executive Officer

Signature:       Date:

**Send completed application and required documentation to Tina Trott at** **tina.trott@mscare.org** **or**

**fax to 862-772-7275.**

Upon review and approval of your application, you will receive the following via email:

* Confirmation letter from CMSC
* Symposium invoice
* Logistics information from Conference Direct
* CMSC logo and guidelines