



**AAACE Annual Meeting**

Meeting Dates: May 15-17, 2025  
 Hilton Orlando | Orlando, FL

<p><b>Requesting Organization</b> (Management Company)</p> Company Name ..... Contact ..... Job Title ..... Address ..... Phone ..... Email ..... City/State/Zip ..... Country .....	<p><b>Supporting Commercial Organization</b></p> Company Name ..... Contact ..... Job Title ..... Address ..... Phone ..... Email ..... City/State/Zip ..... Country .....
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**Program Information** Significant changes to the content of the program, after acceptance of application, may result in cancellation or reassignment of symposium. All changes must be approved by AAACE.

Proposed Symposium Title: .....

Presented By (company name to appear on signage):.....

Company Providing CME: ..... Budgeted Attendance: .....

Is this in response to an RFP?  No  Yes, RFP #.....

Program Description: .....

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**Speaker(s):** If you will have more than 3 speakers, please submit additional speaker information to [aaceexhibits@spargoinc.com](mailto:aaceexhibits@spargoinc.com) along with your request form.

**(1)** Company Name .....

Contact ..... Job Title .....

Phone ..... Email .....

City ..... State ..... Zip ..... Country .....

**(2)** Company Name .....

Contact ..... Job Title .....

Phone ..... Email .....

City ..... State ..... Zip ..... Country .....

**(3)** Company Name .....

Contact ..... Job Title .....

Phone ..... Email .....

City ..... State ..... Zip ..... Country .....

**Request Form Submission**

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the [AAACE 2025 Satellite Symposium Guidelines](#) and agree to comply with all AAACE/ACCME policies and procedures including, but not limited to: **The management company has developed this proposal independently, free of the control of the commercial supporter.**

**Company Signature**..... **Date**.....

**Printed Name**..... **Phone**.....