

AACE SATELLITE SYMPOSIUM REQUEST FORM



AACE Annual Meeting 2026

Meeting Dates | April 22-24, 2026

Harrah's - AACE 2026 Headquarter Hotel | Las Vegas, NV

Requesting Organization (Management Company)

Company Name

Contact

Job Title

Address

Phone

Email

City/State/Zip

Country

Supporting Commercial Organization

Company Name

Contact

Job Title

Address

Phone

Email

City/State/Zip

Country

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 AACE.

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:

.....

.....

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

(1) Speaker Name

Organization Job Title

(2) Speaker Name

Organization Job Title

(3) Speaker Name

Organization..... Job Title

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 [AACE 2026 Satellite Symposium Guidelines](#) and agree to comply with all AACE/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.....