

Satellite Symposium

Application & Guidelines

The Society of Hospital Medicine (SHM) is pleased to offer the opportunity to hold virtual satellite symposia during SHM Converge, which will be held May 3-7, 2021.

SHM's annual conference is the premier event for healthcare professionals who specialize in hospital medicine. The target audience includes hospitalists, general internists, pediatricians, subspecialists and family practitioners caring for hospitalized patients, whether in a community hospital or academic medical center. SHM has a maximum of four evening slots available for programming.

Criteria for Application

If you would like to be considered for a satellite symposium program you will need to complete the enclosed "Request for Satellite Symposium" application and attach a complete description of the symposium including:

- a. Program Title
- b. Program Description
- c. Target Audience
- d. Learning Objectives
- e. Proposed Program/Agenda
- f. Names, Affiliations and Contact Information of Proposed Faculty We request that at least one hospitalist be included on the faculty. SHM Board members and SHM Converge faculty are not eligible to serve as symposium faculty. Please reach out to SHM staff to make sure your speakers are not currently faculty for SHM Converge. Current SHM Board members are listed here.
- g. Name of Sponsoring Organization/Company Providing the Educational Grant

Application Fee: Funding must be obtained and approved before submission of application. A \$2,000 non-refundable application fee must be submitted at the time of your application submission.

Applications are preferred by March 12, 2021.

SHM requires that all satellite symposia be CME certified or non-CME and presented in an objective, scientifically rigorous and balanced manner. The symposium cannot promote a specific drug product or any devices. In addition, the proposed objectives should clearly meet the educational needs of SHM members and target audience.

Space for satellite symposia is limited. SHM will only consider complete applications.

Review Process

Satellite symposia requests will be reviewed by representatives of SHM's Annual Conference Committee. Acceptance will be based on topic and scientific content and notification will be provided in writing within 7 business days of receiving complete application.

If accepted, every effort will be made to honor the applicant's first choice of time slots (see Virtual Symposia and Fee Schedule). If the assigned time slot is not acceptable, the applicant has the option of withdrawing the application within one week of the notification.

Please Note: A satellite symposium program may not be held during an SHM Converge educational event. In addition, any faculty member participating in SHM Converge may not participate in a satellite symposium as faculty.

Virtual Symposia and Fee Schedule (\$20,000 each)

The following time slots are available for satellite symposia at SHM Converge:

- Monday, May 3, 2021
 6:00 8:00 p.m.
- Tuesday, May 4, 2021
 6:00 8:00 p.m.

- Wednesday, May 5, 2021
 7:45 9:45 p.m.
- Thursday, May 6, 2021
 7:45 9:45 p.m.

Optional Symposium Enduring CME Content Package: \$20,000

Reach a wider targeted audience online through the Society's webcast package. This opportunity includes audio recording and synced slides, production, and HTML web design. The webcast will be hosted on SHM's Learning Portal for one year and included in email promotions to the Society's database reaching more than 30,000 hospital medicine professionals including top hospital leaders, physicians, NPs, and PAs. Metrics will be provided after one year.

SHM requires that all satellite symposia webcasts be CME-certified and presented in an objective, scientifically rigorous and balanced manner. The symposium cannot promote a specific drug product, or any devices. SHM requires that non-commercial, non-qualitative language be used throughout the symposium. In addition, the proposed objectives should clearly meet the educational needs of SHM members and target audience. As with satellite symposia, all content is subject to SHM Annual Conference Committee approval.

Benefits

- Opportunity to address the hospital medicine community, the fastest growing segment of healthcare providers.
- Inclusion of applicant's digital invitation in virtual tote bag (deadlines apply).

 All invitations/brochures are the responsibility of the applicant's and must be approved by SHM prior to distribution. Shipping information will be provided once application is accepted.
- Inclusion of program title, speaker, date, time and location in the SHM Converge Virtual Dailies and educational platform (deadlines apply).
- One (1) complimentary pre-registration mailing list (in an Excel spreadsheet format) six weeks prior to the meeting.
- Wide dissemination of logo in partner 'Thank You' messaging across content and communication platforms.

Use of the SHM Name, Insignia, Logo or Acronym

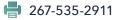
The Society of Hospital Medicine name, insignia, logo and acronym are proprietary marks and may not be used in signs, advertising, or promotions in any media or product literature related to satellite symposia. This rule applies before, during and after the meeting, unless prior written approval has been received from SHM.

All promotional materials must include "held in conjunction with SHM Converge."



Please direct any questions, comments or payments to:

- Society of Hospital Medicine, Meetings P.O. Box 822898, Dept. 200, Philadelphia, PA 19182-2898
- bizdev@hospitalmedicine.org







Request for Satellite Symposium

To be considered for approval of a satellite symposium, please complete and return this form and all required information by March 12, 2021. Incomplete applications will not be processed.

Applications will be considered incomplete if we do not receive your \$2,000 application fee at the time of submission

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Title			□СМЕ	□Non-CME
Presenter/s		CME Provider		
Do you plan to purchase Enduring CME Content Package for an additional \$20,000?			□Yes	□No
Contact Name		Title		
Address				
City		State	Zip	
Telephone		Fax		
Email				
Third-Party Organizer (if applicable)				
Contact Name		Title		
Address				
City		State	Zip	
Telephone		Fax		
Email				
Commercial Supporter (Grant Provider)				
Contact Name		Title		
Address				
City		State	Zip	
Telephone		Fax		
Email				
Please indicate your preference for date and time.	First Choice	Second Choice	Third Choice	