



2010 International Pelvic Pain Society Request for Industry Supported Satellite Symposia

Supporting Organization:

Mailing Address: _____

City/State/ZIP: _____

Contact Person: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Grantor if different from Supporting Organization:

If program will be CME accredited list
Provider _____

Topic and brief description

Program Chair/ Speakers _____

Time and space assigned on a first come, first serve basis.

Timeslots Available: Breakfast, Times TBD, October 21-24, 2010, The Palmer House, Chicago

Satellite Symposia Timeslot Fee payable to IPPS is **\$15,000** and includes the timeslot, pre-registration list of meeting attendees, door drop, program listing, website promotion, meeting room, food, beverage, and A/V.

Third Party Company/Organizer:

(Designated by supporting organization)

Mailing Address: _____

City/State/ZIP: _____

Contact person: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Please send your completed application to International Pelvic Pain Society Fed Tax ID 72-1384221

John Hansen

Manager, Industry Relations

International Pelvic Pain Society

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