

RETREAT HOSTING APPLICATION

Please submit a proposal outlining the following information to Sheridan@cabtrac.org

Date of Submission
Primary Host Contact Person
Email address
School Name
Cancer Center Name
Location (City, State)
Describe cancer-focused training programs on campus

Year proposed for hosting
Location proposed for event (Region or City, State)
Please list any dates that conflict for your institution's hosting based on the guideline's date parameters.

Will this event have a Co-Host or Co-Sponsor?
(A co-host shares all hosting responsibilities; a co-sponsor contributes monetarily, with less or no hosting responsibilities.)
Co-Host/Sponsor (secondary) Contact Person Name
Email address
School Name
Cancer Center Name
Location (City, State)
Describe cancer-focused training programs on campus
Please describe your agreed upon co-hosting working relationship.
(i.e. How will you navigate and manage the responsibilities and decision making between hosts?)

Monetary Contribution
Pledged amount by Primary Host
Pledged amount by Co-Host/Co-Sponsor

Please describe why your institution(s) would make an excellent host for the CABTRAC Retreat.

Please describe why your region/location would make an excellent venue for the CABTRAC Retreat.

Please list at least three resort or conference hotels that you feel would be a good match for the Retreat, based on the guidelines required. Include name, location, and distance from major airports.

For each hotel listed: Have you hosted or attended an event at this hotel in the last five years? If yes, please describe how the venue contributed to the success of the event.

Please feel free to include any other information you feel pertinent to your application.