

**PROMOTIONAL AND ADVERTISING AGREEMENT FORM**  
**HAND - NERVE - RECONSTRUCTIVE 2018 Annual Meetings ♦ January 10 - 16, 2018**  
 Arizona Biltmore Hotel ♦ Phoenix, Arizona

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*By signing this document, supporter agrees that this is a legally binding contract and a 50% advanced payment is due with this agreement. The balance is due by October 6, 2017. In the event of cancellation, a refund will not be issued unless the support is resold at the full amount. At that time a full refund less 25% administrative fee will be issued. All artwork for any item that will appear at the meeting must be submitted to the AAHS/ASPN/ASRM for approval prior to use.*

**Please check the appropriate opportunity:**

**PROMOTIONAL:**

AAHS INDUSTRY SUPPORTED SYMPOSIUM \$15,000

AAHS INDUSTRY SUPPORTED HANDS ON LAB \$12,000

~~ASPN INDUSTRY SUPPORTED SYMPOSIUM \$12,000~~

**ADVERTISING:**

~~MOBILE APP BANNER \$5,000~~

~~MOBILE APP EXCLUSIVE \$15,000~~

ROOM DROPS \$4,000 per drop

**PAYMENT INFORMATION**

FEE DUE: \$ \_\_\_\_\_

Check amount enclosed: \$ \_\_\_\_\_

Checks should be payable to AAHS

CREDIT CARD      

Amount to be charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Cardholder's Signature

**Secure Fax:** + 978.524.0461 ***This form must be faxed if credit card number is showing. DO NOT EMAIL.***

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is different, please enter below.

**Complete and return to:**

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