



**PRODUCT DESCRIPTION FORM**

PLEASE SUBMIT BY NOVEMBER 25, 2017

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

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**Mobile App LISTING**

Please email a 50-word product description to [industry@handsurgery.org](mailto:industry@handsurgery.org) to be included in the Mobile App no later than November 25<sup>th</sup>. When emailing the description please include the following:

1. "AAHS/ASPN/ASRM" in the subject line of your email
2. Company Name
3. Mailing Address
4. Appropriate contact email address
5. Company website address
6. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

**EXHIBITOR GIVEAWAY APPROVAL FORM**

All promotional items must be approved by the AAHS/ASPN/ASRM management prior to the meeting.

DESCRIPTION	APPROVED	DENIED
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

Email or fax this form by December 2, 2016 to 978-524-0461 or to [industry@handsurgery.org](mailto:industry@handsurgery.org).  
Companies will be notified by fax or email of the approval or denial of submitted items.