

PROMOTIONAL AND ADVERTISING AGREEMENT FORM
HAND - NERVE - RECONSTRUCTIVE 2018 Annual Meetings ♦ January 10 - 16, 2018
El Conquistador, Fajardo, Puerto Rico

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:

Yvonne Grunebaum, Dir. Industry Relations, AAHS, ASPN
AAHS, ASPN, ASRM Meeting Headquarters
500 Cummings Center, Suite 4400, Beverly, MA 01915 USA
ygrunebaum@prri.com t: 978-927-8330 | f: 978-524-0461