

AAHS/ASPN INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

HAND - NERVE - RECONSTRUCTIVE 2018 Annual Meeting ♦ January 10 - 16, 2018

Arizona Biltmore Hotel ♦ Phoenix, Arizona

Exact Title of Symposium

Name of Accrediting Organization

Supporting Company Name

Contact Name

Address

City

State

Zip

Country

Phone

Fax

Email

List CME provider (if applicable). If CME will be provided, please include copy of Accreditation and Designation statements

Brief Description of Meeting:

Target Audience: _____

Expected Attendance: _____

Symposium

Thursday January 11 12:30 pm – 1:30 pm \$15,000 (2 slots available)

Hands-on Lab

Thursday January 11 2:30 pm – 4:00 pm \$12,000 (3 slots available)

Saturday January 13 2:00 pm – 4:00 pm \$12,000 (ASPN)

Once space has been assigned and confirmed, you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each Supporter is responsible for all charges to the facility.

PAYMENT INFORMATION: All checks must be payable to the AAHS

FEE DUE: \$ _____

Check amount enclosed: \$ _____

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:

AAHS / ASPN/ASRM Meetings Headquarters

500 Cummings Center, Suite 4400, Beverly, MA 01915 USA

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