AAHS/ASPN INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

HAND - NERVE - RECONSTRUCTIVE 2019 Annual Meetings ◆ January 30 – February 5, 2019
JW Marriott Desert Springs Resort in Palm Desert, California

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 31 12:30 pm – 1:30 pm $15,000 (2 slots available)

Hands-on Lab

☐ Thursday January 31 2:30 pm – 4:00 pm $12,000 (3 slots available)

☐ Saturday February 2 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 ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard **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
t: 978-927-8330 | f: 978-524-0461 ygrunebaum@prri.com