

EDUCATIONAL SUPPORT AGREEMENT FORM

HAND - NERVE - RECONSTRUCTIVE 2020 Annual Meetings ♦ January 8 – 14, 2020
Marriott Harbor Beach in Fort Lauderdale, Florida

Please note: This form must be sent with the ACCME LETTER OF AGREEMENT which is on the next page.

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 4, 2019. 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.

Please check the appropriate opportunity:

- AAHS COMPREHENSIVE HAND SURGERY REVIEW COURSE \$5,000
- AAHS SCIENTIFIC PAPER SESSIONS \$1,500 / Track
- AAHS / ASPN INSTRUCTIONAL COURSE TRACK \$ 3,000 / Track

AAHS / ASPN GUEST LECTURES

- AAHS INVITED GUEST LECTURE \$2,500
- AAHS JOSEPH DANYO INVITED LECTURE \$2,500
- AAHS/ASPN/ASRM PRESIDENTIAL KEYNOTE LECTURE \$10,000
- INVITED GUEST LECTURER (Friday) \$2,500
- ASPN INVITED GUEST LECTURER (Saturday) \$5,000

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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