

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

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. 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:

- | | | |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | AAHS INDUSTRY SUPPORTED SYMPOSIUM | \$15,000 |
| <input type="checkbox"/> | AAHS INDUSTRY SUPPORTED HANDS ON LAB | \$12,000 |
| <input type="checkbox"/> | ASPN INDUSTRY SUPPORTED SYMPOSIUM | \$12,000 |
| <input type="checkbox"/> | CHILDREN'S SAWBONES WORKSHOP | \$7,500 |

ADVERTISING:

- | | | |
|--------------------------|----------------------------|----------|
| <input type="checkbox"/> | MOBILE APP EXCLUSIVE | \$15,000 |
| <input type="checkbox"/> | MOBILE APP BANNER (SHARED) | \$5,000 |
| <input type="checkbox"/> | ROOM DROPS | \$4,000 |
| <input type="checkbox"/> | PROGRAM GUIDE PAMPHLET AD | \$8,000 |

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:

Yvonne Grunebaum, Dir. Industry Relations, AAHS, ASPN
AAHS, ASPN, ASRM Meeting Headquarters
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