

SUPPORT APPLICATION 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, the supporter agrees to complete the Letter of Agreement for Commercial Support, which is a legally binding contract and provide **payment in full 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/ASP/ASRM for approval prior to use.

Please check the appropriate support opportunity:

- | | | |
|--------------------------|---------------------------|------------------|
| <input type="checkbox"/> | BREAKFAST | \$10,000 PER DAY |
| <input type="checkbox"/> | LUNCH | \$15,000 PER DAY |
| <input type="checkbox"/> | CONTINUOUS COFFEE SERVICE | \$ 7,500 PER DAY |
| <input type="checkbox"/> | ROOM KEYS | \$7,500 |
| <input type="checkbox"/> | Wi-Fi | \$10,000 |

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | AAHS MENTORS RECEPTION & TRIVIA CONTEST | \$10,000 |
| <input type="checkbox"/> | AAHS WELCOME RECEPTION | \$12,500 |
| <input type="checkbox"/> | AAHS PAST PRESIDENTS LUNCH | \$ 3,000 |
| <input type="checkbox"/> | AAHS PAST MOCK ORALS | \$10,000 |
| <input type="checkbox"/> | AAHS PRESIDENTIAL DINNER | \$15,000 |
| <input type="checkbox"/> | AAHS MOCK ORALS | \$10,000 |
| <input type="checkbox"/> | AAHS DINNER DANCE | \$15,000 |
| <input type="checkbox"/> | AAHS LAST PERSON STANDING | \$ 7,500 |

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | ASP/ ASPN PRESIDENTIAL RECEPTION | \$5,000 |
| <input type="checkbox"/> | ASP/ ASPN Mentorship Lecture & Reception | \$5,000 |
| <input type="checkbox"/> | ASP/ ASPN POSTER SESSION | \$3000 |
| <input type="checkbox"/> | ASP/ ASPN NETWORKING RECEPTION | \$10,000 |
| <input type="checkbox"/> | ASP/ ASPN-ASRM WELCOME RECEPTION | \$15,000 |

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | ASRM GODINA ALUMNI RECEPTION | \$1,800 |
| <input type="checkbox"/> | ASRM YOUNG MICROSURGEONS AND NEW MEMBER RECEPTION | \$8,000 |
| <input type="checkbox"/> | ASRM BEST CASE/BEST SAVE | \$10,000 |
| <input type="checkbox"/> | ASRM CELEBRATION! | \$15,000 |
| <input type="checkbox"/> | ASRM WMG Reception | \$8,000 |
| <input type="checkbox"/> | ASRM SEWING with THE MASTERS RECEPTION | \$7,000 |

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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