

AAHS/ASPN INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

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

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: _____

AAHS Symposium

Thursday January 9 1:00 pm – 2:30 pm \$15,000 (2 slots available)

AAHS Hands-on Lab

Thursday January 9 2:30 pm – 4:00 pm \$12,000 (3 slots available)

ASPN Symposium




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

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
T: 978-927-8330 | F: 978-524-0461 ygrunebaum@pri.com