

# EDUCATIONAL SUPPORT AGREEMENT FORM

HAND - NERVE - RECONSTRUCTIVE 2021 Annual Meetings ♦ January 11 – 18, 2021  
Omni La Costa | Carlsbad, CA

Please note: This form must be sent with the ACCME LETTER OF AGREEMENT. Please contact Yvonne Grunebaum for the ACCME Letter of Agreement form: [ygrunebaum@prri.com](mailto:ygrunebaum@prri.com)

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 1, 2020. 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:

- |                          |   |                  |
|--------------------------|---|------------------|
| <input type="checkbox"/> | AAHS COMPREHENSIVE HAND SURGERY REVIEW COURSE | \$5,000          |
| <input type="checkbox"/> | AAHS SCIENTIFIC PAPER SESSIONS                | \$1,500 / Track  |
| <input type="checkbox"/> | AAHS / ASPN INSTRUCTIONAL COURSE TRACK        | \$ 3,000 / Track |
| <input type="checkbox"/> | AAHS SURGEON'S WORKSHOP                       | \$15,000         |
| <input type="checkbox"/> | AAHS THERAPIST'S WORKSHOP                     | \$5,000          |
| <input type="checkbox"/> | JAIYOUNG RYU LECTURESHIP IN INNOVATION        | \$5,000          |

## AAHS / ASPN GUEST LECTURES

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | AAHS INVITED GUEST LECTURE (Thursday)       | \$5,000  |
| <input type="checkbox"/> | AAHS JOSEPH DANYO INVITED LECTURE           | \$2,500  |
| <input type="checkbox"/> | AAHS/ASPN/ASRM PRESIDENTIAL KEYNOTE LECTURE | \$15,000 |
| <input type="checkbox"/> | INVITED GUEST LECTURER (Friday)             | \$2,500  |
| <input type="checkbox"/> | 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:

Yvonne Grunebaum, Dir. Industry Relations, AAHS, ASPN  
AAHS, ASPN, ASRM Meeting Headquarters  
500 Cummings Center, Suite 4400, Beverly, MA 01915 USA  
[ygrunebaum@prri.com](mailto:ygrunebaum@prri.com) t: 978-927-8330 | f: 978-524-0461