

SUPPORT APPLICATION FORM

HAND - NERVE - RECONSTRUCTIVE 2021 Annual Meetings ♦ January 11 – 18, 2022
Omni La Costa | Carlsbad, CA

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 1, 2021**. 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:

- BREAKFAST \$10,000 PER DAY
- LUNCH \$15,000 PER DAY
- CONTINUOUS COFFEE SERVICE \$ 7,500 PER DAY

*pricing applies to tote bag. Backpacks will be assessed additional charges.

- AAHS MENTORS RECEPTION & TRIVIA CONTEST \$10,000
- AAHS WELCOME RECEPTION \$12,500
- AAHS PAST PRESIDENTS LUNCH \$ 3,000
- AAHS PAST MOCK ORALS \$10,000
- AAHS PRESIDENTIAL DINNER \$15,000
- AAHS MOCK ORALS \$10,000
- AAHS DINNER DANCE \$15,000
- AAHS POOL PARTY \$10,000

- ASPN PRESIDENTIAL RECEPTION \$5,000
- ASPN Mentorship Lecture & Reception \$5,000
- ASPN POSTER SESSION \$3000

- ASPN-ASRM WELCOME RECEPTION \$15,000
- ASPN Sewing Nerve w/ the Masters In Kind Donations

- ASRM WMG Group Workshops \$2,000 - \$7,000
- ASRM YOUNG MICROSURGEONS & NEW MEMBER RECEPTION \$8,000
- ASRM Golf Invitational \$3,000 - \$10,000
- ASRM Sewing w/ the Masters In Kind Donations
- ASRM -ASP/ ASPN WELCOME RECEPTION \$15,000
- ASRM GODINA ALUMNI RECEPTION \$1,800
- ASRM BEST CASE/BEST SAVE \$10,000
- ASRM Young Microsurgeons Fellowship Roundtable \$3,000

- ASRM WMG Luncheon \$7,000
- ASRM WMG Reception \$8,000
- ASRM CELEBRATION! \$5,000 - 15,000

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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