

SUPPORT APPLICATION FORM

HAND - NERVE - RECONSTRUCTIVE 2023 Annual Meetings ♦ January 17 – 24, 2023
JW Marriott Turnberry | Aventura, FL

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 7, 2022**. 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"/> | MEET THE MASTERS: RECEPTION AND 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 POOL PARTY | \$10,000 |
| <input type="checkbox"/> | AAHS TRAVEL SCHOLARSHIP | \$1,000 X ____ = \$ ____ |

- | | | |
|--------------------------|--|---------|
| <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 WELCOME RECEPTION | \$15,000 |
| <input type="checkbox"/> | ASP/ ASPN Sewing Nerve w/ the Masters | In Kind Donations |

- | | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | ASRM WMG Group Workshops | \$2,000 - \$7,000 |
| <input type="checkbox"/> | ASRM YOUNG MICROSURGEONS & NEW MEMBER RECEPTION | \$8,000 |
| <input type="checkbox"/> | ASRM Golf Invitational | \$3,000 - \$10,000 |
| <input type="checkbox"/> | ASRM Sewing w/ the Masters | In Kind Donations |
| <input type="checkbox"/> | ASRM -ASP/ ASPN WELCOME RECEPTION | \$15,000 |
| <input type="checkbox"/> | ASRM GODINA ALUMNI RECEPTION | \$1,800 |
| <input type="checkbox"/> | ASRM BEST CASE/BEST SAVE | \$10,000 |
| <input type="checkbox"/> | ASRM Young Microsurgeons Fellowship Roundtable | \$3,000 |
| <input type="checkbox"/> | ASRM WMG Luncheon | \$7,000 |
| <input type="checkbox"/> | ASRM WMG Reception | \$8,000 |
| <input type="checkbox"/> | 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: \$ _____

Once your agreement is received we will issue a confirmation with an on line payment link.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

Complete and return to:

Yvonne Grunebaum, Dir. Industry Relations, AAHS, ASP/ ASPN
AAHS, ASP/ ASPN, ASRM Meeting Headquarters
500 Cummings Center, Suite 4400, Beverly, MA 01915 USA ygrunebaum@prii.com 978-927-8330