

AAHS/ASPN INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

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

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 Lunch Symposia

Thursday January 19 1:00 pm – 2:30 pm \$15,000 (2 slots available)

AAHS Hands-on Lab

Thursday January 19 2:30 pm – 4:00 pm \$12,000 (3 slots available)

ASPN Symposia

Saturday January 21 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: \$ _____

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:
AAHS / ASPN/ASRM Meetings Headquarters
500 Cummings Center, Suite 4400, Beverly, MA 01915 USA
T: 978-927-8330 | ygrunebaum@prri.com