

# SUPPORT APPLICATION FORM

HAND - NERVE - RECONSTRUCTIVE 2018 Annual Meetings ♦ Arizona Biltmore Hotel ♦ Phoenix, Arizona  
January 10 - 16, 2018

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 6, 2017. 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
- COFFEE BREAKS \$3,000 PER DAY
- ~~LANYARDS \$7,500~~
- LUNCH \$15,000 PER DAY
- ~~ROOM KEYS \$7,500~~
- ~~Wi-Fi \$10,000~~
- MEETING PROGRAM SCHEDULE \$15,000

- AAHS MENTORS RECEPTION \$10,000
- AAHS WELCOME RECEPTION \$12,500
- AAHS PAST PRESIDENTS LUNCH \$ 3,000
- AAHS PRESIDENTIAL DINNER \$15,000
- AAHS DINNER DANCE \$15,000

- ASPN PRESIDENT'S RECEPTION \$5,000
- ~~ASPN LUNCHESES \$4,000/day~~

- ASRM GODINA ALUMNI RECEPTION \$1,500
- AAHS/ASRM GOLF TOURNAMENT \$6,000
- ~~ASPN-ASRM WELCOME RECEPTION \$12,000~~
- ASRM YOUNG MICROSURGEONS AND NEW MEMBER RECEPTION \$5,000
- ASRM BEST CASE/BEST SAVE \$8,000
- ASRM DINNER/DANCE SOCIAL \$15,000
- ASRM WMG Reception \$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:**

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 AAHS, ASPN, ASRM Meeting Headquarters  
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