

# SUPPORT APPLICATION FORM

HAND - NERVE - RECONSTRUCTIVE 2019 Annual Meetings ♦ January 30 – February 5, 2019  
JW Marriott Desert Springs Resort in Palm Desert, California

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, 2018. 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"/> | CONTINUOUS COFFEE SERVICE | \$3,000 PER DAY  |
| <input type="checkbox"/> | LUNCH                     | \$15,000 PER DAY |
| <input type="checkbox"/> | ROOM KEYS                 | \$7,500          |
| <input type="checkbox"/> | Wi-Fi                     | \$10,000         |
| <input type="checkbox"/> | MEETING PROGRAM SCHEDULE  | \$15,000         |

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- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | AAHS MENTORS RECEPTION & 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 DINNER DANCE                       | \$15,000 |

- |                          |                                  |             |
|--------------------------|----------------------------------|-------------|
| <input type="checkbox"/> | ASP/ ASPN PRESIDENT'S RECEPTION  | \$5,000     |
| <input type="checkbox"/> | ASP/ ASPN LUNCHES                | \$4,000/day |
| <input type="checkbox"/> | ASP/ ASPN-ASRM WELCOME RECEPTION | \$12,000    |

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- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | ASRM GODINA ALUMNI RECEPTION                      | \$1,800  |
| <input type="checkbox"/> | ASRM YOUNG MICROSURGEONS AND NEW MEMBER RECEPTION | \$8,000  |
| <input type="checkbox"/> | ASRM BEST CASE/BEST SAVE                          | \$8,000  |
| <input type="checkbox"/> | ASRM CELEBRATION!                                 | \$15,000 |
| <input type="checkbox"/> | ASRM WMG Reception                                | \$8,000  |
| <input type="checkbox"/> | ASRM TAILGATE                                     | \$12,000 |
| <input type="checkbox"/> | ASRM SEWING with THE MASTERS RECEPTION            | \$7,000  |

## 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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