

**SUPPORT & EXHIBITION BOOKING FORM**

Please complete all details and return to:

Jack Edelman / email: [jack.edelman@ajj.com](mailto:jack.edelman@ajj.com) / phone: 856-256-2313 / fax: 856-589-7463

**CONTACT/BILLING INFORMATION**

**Contact name:**

**\*Name of Company:**

**Address:**

**City:** **State:** **Zip code:**

**Telephone:** **/****/****Fax:** **/****/**

**Email:** **Website:**

*\*Please note this is how your company and products/services information will appear on all meeting related materials.*

I would like to book the follow support/exhibition:

|  |  |  |
| --- | --- | --- |
| **EXCLUSIVE SUPPORT PACKAGES** | | |
| **Item** | **Price** | **Total** |
| Diamond Sponsorship | $75,000 |  |
| Platinum Sponsorship | $60,000 |  |
| Gold Sponsorship | $35,000 |  |
| Silver Sponsorship | $20,000 |  |
| Bronze Sponsorship | $15,000 |  |
| **SUPPORT/SPONSORSHIP PROMOTIONAL OPPORTUNITIES** | | |
| **Item** | **Price (check off item)** | **Total** |
| Non-CME Ancillary Event Fee | $25,000 /  $29,000 Day   /  , Time: |  |
| Ancillary Event Misc. Meeting Space | $2,000 per room per day (complete 3rd page with specifics) |  |
| Mobile Meeting App | $12,500 |  |
| WiFi / Internet Café Chat Room | $12,500 |  |
| Color Hotel Key Card | $ 12,000 |  |
| Meeting Bags | $ 11,000 |  |
| Meeting Lanyards | $ 9,000 |  |
| Notepads & Pens | $ 5,000 + notepads & pens |  |
| Program Guide Advertisement | $ 4,900  $3,900  $3,150 |  |
| Saturday Celebration Package | $ 4,000 |  |
| Floor Decals/Window Clings | $ 4,000 (includes 5 floor decals/window clings), x |  |
| Promotional Material Distribution | $ 2,500 |  |
| Free Standing Meter Board Sign | $ 2,500 (each) x |  |
| Wine/Bubbly Pour Host | $ 2,500 |  |
| Table Tents | $ 2,000 (includes 5 table tents) x |  |
| **TOTAL AMOUNT** |  |  |

Please call me to discuss our Support Packages/Opportunities

|  |
| --- |
| **EXHIBITION BOOTH SPACE** |

10’x10 Inline Booth $ 4,500

10’x10’ Corner Booth $ 4,600

Island Booth Space $46.00 (per net square feet)

|  |  |  |  |
| --- | --- | --- | --- |
| **Choice** | **Booth Number** | **Booth Size** | **Total Price** |
| 1st Choice |  |  | $ |
| 2nd Choice |  |  | $ |
| 3rd Choice |  |  | $ |
| 4th Choice |  |  | $ |

|  |  |  |
| --- | --- | --- |
| **ASRA Office Use Only** | | |
| **Received:** | **ASRA Point System:** | **Booth #** |

Special notes: Please indicate if you would like to avoid placement near any of the following companies, of if special configuration is needed:

No, We do not require pipes and drapes  Yes, We would require pipes and drapes

No, We do not require the furniture  Yes, We would require the furniture

*(6’ draped table, two chairs and one wastebasket) (6’ draped table, two chairs and one wastebasket)*

**Description and Logo:** (100 words or less)

Please send a 100-work exhibitor company/product profile and company logo (in 300 dpi .eps, .jpg or .pdf format) to:

[heidi.perret@ajj.com](mailto:heidi.perret@ajj.com).

Payment will be made by check, please forward me a final confirmation/invoice.

Payment will be made by credit card  Credit Card Authorization Form is included

Please send me a first deposit invoice for 100% of the total amount due.

We accept the contract terms and conditions (listed in this support and exhibition prospectus) and agree to abide by the guidelines for industry participation for the meeting. I am authorized to sign this form on behalf of the applicant/company.

Signature (required)       Date:

Complete the following page if you are requesting Meeting Space during the 2018 World Congress on Regional Anesthesia & Pain Medicine/ASRA’s 43rd Annual Regional Anesthesiology & Acute Pain Medicine Meeting.





**MEETING SPACE REQUEST FORM**

Please complete the below for each meeting space requested and return with your booking form to:

Jack Edelman / email: [jack.edelman@ajj.com](mailto:jack.edelman@ajj.com) / phone: 856-256-2313 / fax: 856-589-7463

**CONTACT/BILLING INFORMATION**

**Contact name:**

**Name of Company:**

**Address:**

**City:       State:    Zip code:**

**Telephone:    /   /     Email:**

*Please Note: Exhibiting company is responsible for all AV and/or food & beverage in the meeting room(s).*

**Date of Meeting #1:**

**Time:**

**Number of People:**

**Requested Room Set:**

**Who will be attending:**

**Purpose of Meeting:**

**Date of Meeting #2:**

**Time:**

**Number of People:**

**Requested Room Set:**

**Who will be attending:**

**Purpose of Meeting:**

**Date of Meeting #3:**

**Time:**

**Number of People:**

**Requested Room Set:**

**Who will be attending:**

**Purpose of Meeting:**