

**IN KIND SUPPORT**

**44th Annual Regional Anesthesiology & Acute Pain Medicine Meeting**

**April 11-13, 2019**

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**If you wish to provide equipment for the 44th Annual Regional Anesthesiology & Acute Pain Medicine Meeting please complete the following request, and return no later than January 25, 2019:**

Contact name:

Name of company:

Address:

City:       State:    Zip code:

Telephone:    /   /     Fax:    /   /

Email:       Website:

[ ]  Yes, I would like to provide in kind support for workshops.

We can supply       US machines and/or supplies for the workshops

What type of machine and/or supplies will you be supplying?

Signature:       Date:   /  /

Thank you.