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**IN KIND SUPPORT**

Heidi Perret / marketing coordinator

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**If you wish to provide equipment for the 17th Annual Pain Medicine Meeting please complete the following request, and return no later than October 12, 2018:**

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.