



# 18th Annual Pain Medicine Meeting

November 14-16, 2019  
New Orleans Marriott  
New Orleans, Louisiana  
www.asra.com

#ASRA FALL19



## 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:

SPONSORSHIP SUPPORT PACKAGES		
Item	Price	Total
Platinum Sponsorship	\$50,000	
Gold Sponsorship	\$25,000	
Silver Sponsorship	\$15,000	
Bronze Sponsorship	\$10,000	
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	\$1,750 per room per day (complete 3 <sup>rd</sup> page with specifics)	
Mobile Meeting App	\$10,000	
WiFi / Internet Café Chat Room	\$10,000	
Meeting Bags	\$ 9,500	
Meeting Lanyards	\$ 7,500	
Program Guide Advertisement	\$ 4,000      \$3,000      \$2,500	
Notepads & Pens	\$ 3,500 + notepads & pens	
Saturday Celebration Package	\$ 2,000	
Wine/Bubbly Pour Host	\$ 2,000	
Promotional Material Distribution	\$ 1,750	
Floor Decals/Window Clings	\$ 1,750 (includes 5 floor decals/window clings), x	
Free Standing Meter Board Sign	\$ 1,500 (each) x	
Table Tents	\$ 1,250 (includes 5 table tents) x	
<b>TOTAL AMOUNT</b>		

Please call me to discuss our Support Packages/Opportunities

**EXHIBITION BOOTH SPACE**

10'x10 Inline Booth ..... \$ 3,450  
 10'x10' Corner Booth ..... \$ 3,550  
 Island Booth Space ..... \$35.50 (per net square feet)

Choice	Booth Number	Booth Size	Total Price
1 <sup>st</sup> Choice			\$
2 <sup>nd</sup> Choice			\$
3 <sup>rd</sup> Choice			\$
4 <sup>th</sup> 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, or if special configuration is needed:

No, We do not require pipes and drapes  
 No, We do not require the furniture  
*(6' draped table, two chairs and one wastebasket)*

Yes, We would require pipes and drapes  
 Yes, We would require the furniture  
*(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.

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 attached page if you are requesting Meeting Space during the ASRA 2019 Pain Medicine Meeting.







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#ASRAFALL19



## 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: