
ASRA Pain Medicine Housing Sub-Block Agreement

Exhibitors/industry partners requiring more than five (5) sleeping rooms per night ARE required to sign a sub-block form to secure hotel rooms at the venue.

This Agreement must be signed by the ASRA Pain Medicine exhibitors or third parties representing exhibitors to obtain a sub-block of sleeping rooms from Official ASRA Pain Medicine hotels.

Exhibiting	Company:					
_		e the (Hotel) to re Medicine Meeti				Exhibitor) use over
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Total Roon	n Nights Neede	d:				
85% of Roo	om Total Room	Nights:				
behalf. Fail Upon final its block up Payment fo	ure to utilize 85 and actual pick to 85% of the to or any unused g	6% of the total roup (ASRA Pain Mototal rooms reseruest rooms up to	oms reserved wi edicine Exhibitor ved. 85% of the tota	ll result in attri) will be respo l rooms reserv	nsible for any uni	able to the hotel. used guest rooms in to the hotel directly
established	l for the ASRA P	ain Medicine Me	eting.			
Accepted by:					Date:	
Authorized	l Agent for (Exh	ibiting Company):			
Contact Email:				Phone:		
Signature:						

CUT-OFF TO SUBMIT YOUR HOTEL SUB-BLOCK ~ TUESDAY, MARCH 18

