



**24th Annual Pain Medicine Meeting  
Austin, TX ~ November 13 - 15, 2025**

**Exhibit Badges:**

As part of your exhibit fee, you are entitled to the following comp booth personnel badges:

**10'x10' = 3 badges    10'x20' = 6 badges    20'x20' = 12 badges**

Please complete to submit all of your booth personnel names. Additional booth badges may be purchased for \$225 each and **MUST** be Prepaid.

All names are due no later than October 30, 2025 after this date you will need to register onsite.

There is a \$50 administration fee on each badge cancellation

**ASRA Pain Medicine requires an individual email address for each badge name submitted.**

Company Name: \_\_\_\_\_ Booth: \_\_\_\_\_

**Booth personnel. (emails are required)**

Representative \_\_\_\_\_ Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Representative \_\_\_\_\_

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Representative \_\_\_\_\_ Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Representative \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Please complete, and e-mail this form to: **heidi.perret@ajj.com** no later than October 30, 2025  
If you requested additional badges, please complete the credit card authorization form and return to me.



## CREDIT CARD AUTHORIZATION FORM

In order to charge your credit card and in accordance with the security measures taken by credit card companies, please fill in the following form and return.

Please send this sheet by fax or email scan to the attention of:

Heidi Perret  
ASRA Pain Medicine Marketing Specialist  
Email: heidi.perret@ajj.com

### Authorization for Credit Card Charges

***A 3% fee will be added to all credit card transactions.***

Name of company: \_\_\_\_\_

We authorize ASRA to make the charge of: (US currency only) \$ \_\_\_\_\_

For the following services: \_\_\_\_\_

For meeting: \_\_\_\_\_

Credit card details to be charged:

AMEX

VISA

MC

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name of card holder \_\_\_\_\_

Address: (as per credit card records): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address for receipt: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date \_\_\_\_\_