



24th Annual Pain Medicine Meeting  
 November 13-15, 2025 | Austin, TX  
 #ASRA FALL25



## SUPPORT & EXHIBITION BOOKING FORM

Please complete all details and return to:  
 Heidi Perret / email: [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com) / phone: 856-256-2375

### CONTACT/BILLING INFORMATION

\*Name of Company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Website: \_\_\_\_\_

\*Please note this is how your company and products/services information will appear on all meeting related materials.

SPONSORSHIP SUPPORT PACKAGES		
Item	Price	Total
Platinum Sponsorship	\$50,000	\$
Gold Sponsorship	\$25,000	\$
Silver Sponsorship	\$15,000	\$
Bronze Sponsorship	\$10,000	\$
SUPPORT/SPONSORSHIP MARKETING OPPORTUNITIES		
Item	Price (check off item)	Total
Non-CME Ancillary Event Fee	<input type="checkbox"/> \$28,000 / <input type="checkbox"/> \$30,000 Day/Time: _____	\$
WiFi Sponsorship	\$12,500	\$
Hotel Key Cards	\$11,500	\$
Meeting App ( <i>exclusive sponsorship</i> )	\$10,000	\$
Escalator/Elevator Branding	\$10,000	\$
Exhibitor Presentation Theater	\$ 7,500 - \$10,000 ( <i>contact tom.greene@ajj.com</i> )	\$
Meeting Lanyards	\$ 7 500	\$
Refreshment Breaks in Exhibit Hall	\$ 5,000	\$
Hotel Door Drop	\$ 4,500	\$
Welcome Networking Host	\$ 3,000	\$
Saturday Night Celebration Sponsor	\$ 2,500	\$
Ancillary Event Misc. Meeting Space	\$ 2,000 per room/per day ( <i>a form will follow for specifics</i> )	\$
Free Standing Meter Board Sign	\$ 1,750 (each) x _____	\$
<b>TOTAL SPONSORSHIP AMOUNT</b>		<b>\$</b>

**EXHIBITION BOOTH SPACE**

**Before August 1, 2025                      After August 1, 2025**

10'x10' Inline Booth ..... \$ 4,325 ..... \$4,575  
 10'x10' Corner Booth ..... \$ 4,425 ..... \$4,675  
 Island Booth Space ..... Corner Rate x 4 x 10%

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			\$

<b>ASRA Pain Medicine Office Use Only</b>	
Point System:	Booth #

Special notes: Please indicate if you would like to avoid placement near any of the following companies, of if special configuration is needed: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> No, We do not require pipes and drapes<br><input type="checkbox"/> No, We do not require the furniture<br>(6' draped table, two chairs and one wastebasket) | <input type="checkbox"/> Yes, We would require pipes and drapes<br><input type="checkbox"/> Yes, We would require the furniture<br>(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, (*ASRA Pain Medicine ID# 51-0163222*).  Provide us with an invoice, to process.

Make check payable to ASRA Pain Medicine.  
 Mail to:  
 ASRA Pain Medicine / PM25  
 200 East Holly Avenue  
 Sewell, NJ 08080

Payment will be made by credit card                       Credit Card Authorization Form is included  
*ASRA Pain Medicine has now implemented a 3% fee on all credit card transactions.*

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: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

What type of service/product will you offer: \_\_\_\_\_





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## 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 \_\_\_\_\_

