



SUPPORT & EXHIBITION BOOKING FORM

Please complete all details and return to:
Heidi Perret / email: 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 _____	\$
TOTAL SPONSORSHIP AMOUNT		\$

EXHIBITION BOOTH SPACE

Before February 1, 2025 After February 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 st Choice			\$
2 nd Choice			\$
3 rd Choice			\$
4 th Choice			\$

ASRA Pain Medicine Office Use Only	
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: _____

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No, We do not require pipes and drapes | <input type="checkbox"/> Yes, We would require pipes and drapes |
| <input type="checkbox"/> No, We do not require the furniture
(6' draped table, two chairs and one wastebasket) | <input type="checkbox"/> 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, (*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 / RA25
 Box 56
 Pitman, NJ 08071

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: _____



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 _____