



ASRA Pain Medicine Annual Corporate Partnership Application

Contact: Elizabeth Smith, ASRA Pain Medicine Executive Director • tel 412-471-2718 • fax 412-471-7503 • esmith@asra.com

Company Name: _____

Corporate Headquarters Address: _____

Annual Partnership Fee (check one): _____ \$5,000 _____ \$10,000 _____ \$15,000
For the following period: January-December 2025

ASRA Pain Medicine Corporate Partner Representative: Each company that is an ASRA Pain Medicine Corporate Partner will designate one person who will represent their company to ASRA Pain Medicine. This person will also receive all mail and email correspondence regarding Corporate Partnership. A company may choose to designate a different person for the ASRA Pain Medicine Annual Regional Anesthesiology and Acute Pain Meeting in the Spring and the ASRA Pain Medicine Annual Pain Medicine Meeting in the Fall.

ASRA Pain Medicine Spring Meeting Representative:

Name: _____ Title: _____

Email address: _____ Phone: _____

Mailing Address (if different): _____

ASRA Pain Medicine Fall Meeting Representative:

Same representative as for ASRA Pain Medicine Spring

Or, if different representative than for ASRA Pain Medicine Spring:

Name: _____ Title: _____

Email address: _____ Phone: _____

Mailing Address (if different from above): _____

Advancing Evidence-Based Pain Medicine

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Tel. 412.471.2718 U.S. 1.855.795.ASRA (2772) Fax. 412.471.7503

asra.com



It is mutually understood by the above-named company and the Corporate Partner representative(s) of that company that the ASRA Pain Medicine Spring and Fall Meeting programs are for scientific and educational purposes only. The acceptance of any company in the ASRA Pain Medicine Corporate Partnership program does not imply ASRA Pain Medicine support of that company's products or services, either directly or indirectly.

Corporate Partner Representative Signature _____

Date _____

ASRA Representative Signature _____

Date _____

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