

SUPPORT & EXHIBITION BOOKING FORM

Please complete and return to:
Jennifer Carroll / email: jennifer.carroll@ajj.com / phone: 856-256-2375

Contact and 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	☐ $28,000 / ☐ $30,000 Day/Time:	$
WiFi Sponsorship	$12,500	$
Hotel Key Cards	$12,000	$
Meeting App (exclusive sponsorship)	$10,000	$
Escalator/Elevator Branding	$10,000	$
Exhibitor Presentation Theater	$ 7,500 - $10,000 (contact tom.greene@ajj.com)	$
Meeting Lanyards	$ 8,000	$
Refreshment Breaks in Exhibit Hall	$ 6,000	$
Hotel Door Drop	$ 5,000	$
Welcome Networking Host	$ 3,500	$
Saturday Night Celebration Sponsor	$ 2,500	$
Ancillary Event Misc. Meeting Space	$ 2,000 per room/per day (a form will follow for specifics)	$
Free Standing Meter Board Sign	$ 1,750 (each) x _____	$
TOTAL SPONSORSHIP AMOUNT		$

EXHIBITION BOOTH SPACE

	Before January 18, 2027	After January 18, 2027
10'x10 Inline Booth	$ 4,600	$4,850
10'x10' Corner Booth	$ 4,700	$4,950

Island Booth Space ..... Corner Rate x 4 x 10%

Choice	Booth Number	Booth Size	Total Price
1st Choice			$
2nd Choice			$
3rd Choice			$
4th 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:_____

☐ No, We do not require pipes and drapes
☐ No, We do not require the furniture
(6' draped table, two chairs and one wastebasket)

☐ Yes, We would require pipes and drapes
☐ 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: jennifer.carroll@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 / RA27
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 in 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?_____

ASRA PAIN MEDICINE
American Society of Regional Anesthesia and Pain Medicine



CREDIT CARD AUTHORIZATION FORM

To charge your credit card and in accordance with the security measures taken by credit card companies, please complete the form below and **send via email (PDF scan preferred) or fax to:**

Jennifer Carroll
ASRA Pain Medicine - Sales & Marketing Coordinator
Email: jennifer.carroll@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 _____