AAPM SPRING CLINICAL MEETING 2018

AAPM Sponsorship Application 7th AAPM Spring Clinical Meeting
April 7 – 10, 2018
JW Marriott Las Vegas Resort and Spa • Las Vegas, NV
Please complete and submit this form to AAPM by March 6, 2018

Section 1: ORGANIZATION INFORMATION

Organization Name: _____

(List the name of your organization to appear in AAPM promotional materials)

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

E-mail (required): _____ Tel: _____ Fax: _____

Section 2: CONTACT PERSON

Name: _____ Title _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

E-mail (required): _____ Tel: _____ Fax: _____

Section 3: SPONSORSHIP REQUEST

☐ Welcome Reception and Premium Island Space - $5,000 per sponsor (limited to four sponsors)

☐ Welcome Reception - $3,000 per sponsor

☐ Wireless for the AAPM Meeting Rooms and Exhibit Hall - $3,000 (limited to one sponsor)

☐ Lunch Sponsors - $2,000 per sponsor / per day
- ☐ Saturday ☐ Sunday

☐ Badge Lanyards - $2,000 (limited to one sponsor) **Commitment/Logo Required By March 1, 2018**

☐ Morning Session - $2,500 (limited to three sponsors)
- ☐ Saturday: 7:00 am ~~☐ Sunday: 7:00 am~~ ~~☐ Monday: 7:00 am~~

☐ Morning and Afternoon Breaks - $1,000 per sponsor (limited to six sponsors)

Saturday:	☐ 10:00 am	☐ 4:00 pm
Sunday:	☐ 10:00 am	☐ 4:00 pm
Monday:	☐ 10:00 am	☐ 4:00 pm

☐ Mobile Device Charging Station - $500 per sponsor

Section 4: AUTHORIZED SIGNATURE

Signature: _____ Title: _____

Printed Name: _____ Date: _____

By signing this agreement, you agree and give AAPM permission to bill you for the sponsorship items you have selected.

INSTRUCTIONS FOR SUBMITTING APPLICATION

- Upon receipt of Sponsorship Form, Exhibitors will be sent an invoice for the amount of sponsorship selected.
- Payment instructions will be included on the invoice.
- Full payment can be submitted in the form of either a credit card payment or check in US funds.
- Credit cards accepted include Visa, Master Card, Discover Card, and American Express.
- Checks should be payable to AAPM.
- All payments should be submitted upon receipt of invoice.

Please mail, fax or e-mail sponsorship form to:
1631 Prince Street, Alexandria VA 22314, rachel@aapm.org, 571-298-1230, (Fax) 571-298-1301

Clear Form Print Form