



# 79<sup>th</sup> Annual Meeting

New England Section of the American Urological Association

October 21-23, 2010

The Westin Providence • Rhode Island Convention Center • Providence, Rhode Island



## PRODUCT DESCRIPTION and GIVEAWAY APPROVAL FORM

PLEASE SUBMIT BY July 30<sup>th</sup>

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

### PROGRAM BOOK LISTING

Please email a 50-word product description to [jgecawicz@prri.com](mailto:jgecawicz@prri.com) NOW, to be included in the Final Program Book. When emailing the description please include the following:

1. "NE-AUA" in the subject line of your email
2. Company Name
3. Mailing Address
4. Appropriate contact email address
5. Company website address
6. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

### EXHIBITOR GIVEAWAY APPROVAL FORM

All promotional items must be approved by the NE-AUA office prior to the meeting.

DESCRIPTION	APPROVED	DENIED
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* NOTE: NO BAGS OF ANY KIND ARE ALLOWED TO BE DISTRIBUTED AT THE MEETING \*\***

Email or fax this form IMMEDIATELY to 978-524-0498 or to [jgecawicz@prri.com](mailto:jgecawicz@prri.com).

Companies will be notified by fax or email of the approval or denial of submitted items.