



INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

Exact Title of Symposium _____ Name of Accrediting Organization _____

Sponsoring Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Brief Description of Symposia Topics and Proposed Faculty:

* Symposium acceptance is subject to final approval by the NE AUA Scientific Program Committee

DAY/DATE/TIME OF MEETING

Friday, October 22

6:30 am - 7:50 am 12:45 pm – 2:00 pm

Saturday, October 23

6:30 am – 7:50 am 12:00 pm – 1:15 pm

ROOM SET

- | | |
|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Head table # pp ____ |
| <input type="checkbox"/> Conference | |
| <input type="checkbox"/> Hollow Square | |
| <input type="checkbox"/> U-shape | |
| <input type="checkbox"/> Reception | |
| <input type="checkbox"/> Banquet (round) | |

FUNCTION TYPE (check one) Breakfast Lunch
\$15,000

Once space has been assigned and confirmed by NE AUA you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/ telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility. By signing below you are authoring NE AUA to charge the total fee indicated on this form to your credit cards.

Signature _____ Date _____

PAYMENT METHOD

Credit Card American Express MasterCard Visa

Check amount enclosed: \$ _____

Amount to be charged: \$ _____

Name as it appears on cc: _____

Credit Card Number _____

Expiration Date _____

Security Code (3-4 #s on front/back card) _____

Cardholder's Signature _____

Please check if credit card billing address is same as contact information.

If billing address is not the same please enter below.

Company Name _____ Street Address _____ City/State/Postal Code /Country _____

AUTHORIZED SIGNATURE _____ **PRINT NAME** _____ **TITLE** _____