



**The 49th ASAM Annual Conference
Innovations in Addiction Medicine and Science
April 12-15, 2018, San Diego, CA
ASAM Satellite and Ancillary Meeting Request Form**

Primary Contact Person: _____
Organization/Company: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Country: _____ Phone: _____ E-mail: _____

SATELLITE & ANCILLARY MEETING REQUIREMENTS

Dates/Time Requirements (These time slots have been selected so as to not compete with existing programs. Indicate your top two choices or indicate your desired meeting date and time.):

___ Friday, April 13, 8:00 pm – 9:30 pm
___ Saturday, April 14, 6:30 pm – 7:00 pm
___ Sunday, April 15, 12:00 pm – 1:30 pm
___ Other: _____ (PREFERRED DATE AND TIME)

Description of Request (A basic program outline and topic must be attached or included below (request cannot be approved without information):

The expected number of attendees will be: _____

Will your Satellite meeting include a meal: Yes No

How much set-up and tear-down time is required for the Satellite meeting? Set-up: _____ Tear-down: _____

Room set: Classroom Seating Theater Seating Hollow Square Reception U-Shape

Other: _____

I have read, understand, and agree to the Satellite/Ancillary Meeting Policy rules. I serve as an authorized agent of the applicant company.

SIGNATURE OF AUTHORIZED AGENT _____

Fees: In order to be processed, applications for Satellite/Ancillary meetings must be accompanied with the appropriate non-refundable fee: Pricing: \$3,000 (Satellite) or \$125 (Ancillary). For Satellite Meeting Requests, Fee includes: one promotion in ASAM's Annual Conference Website and one email promotion (shared by all satellite meeting hosts) to ASAM conference registered attendees. Email promotion will be sent by ASAM two-three weeks prior to the conference. Please note: Room rental, equipment and AV fees are not included in this price.

Payment: Visa AMEX MasterCard Discover Check/Money Order

I hereby authorize the American Society of Addiction Medicine (ASAM) to charge my account for \$ _____ (TOTAL ENCLOSED)

Card No.: _____ Exp. Date: _____ Security Code: _____

Name on Card : _____ Authorized Signature: _____

Make check or money order payable to ASAM. Full payment in US funds drawn on a US bank must accompany application. (ASAM does not accept Purchase Orders as payment.) Please include name of exhibiting organization on check or money order.

Please complete and return with payment to: **The American Society of Addiction Medicine**
11400 Rockville Pike, Suite 200
Rockville, MD 20852
FAX: 301-656-3815
EMAIL: ivayner@asam.org

QUESTIONS: Contact Irina Vayner at 301-547-4120 or ivayner@asam.org. If the application is approved, an acceptance notification will be sent with final instructions to plan your event. All Satellite/Ancillary meeting expenses are the responsibility of the supporter. Applications without full payment will not be accepted.