



2017 ASAM REVIEW COURSE IN ADDICTION MEDICINE
GAYLORD TEXAN RESORT AND CONVENTION CENTER, JULY 27 - 29, 2017
TABLETOP EXHIBIT AND SUPPORT APPLICATION

Information

Please type or print clearly

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

Exhibit & Support fees

\$ Tabletop Exhibit/\$950
\$ Tabletop Exhibit/Supporter Registration/\$200 each
\$ Sponsorship Selection (Please Specify Item):

TOTAL AMOUNT ENCLOSED: \$

Note: You may apply for exhibit and support opportunities via our Website: www.asam.org/education

Complimentary Exhibit Tabletop Staff

Two (2) Exhibitor — Only Registrations with each tabletop

1. 2.

Supporter and Additional Exhibit Staff

Registrations \$200 EACH

1. 2.

Listing for Review Course web site (if different than above):

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

Exhibitor Profile: Please submit a 25 words or less description of your company's services and products (if more, we will edit) to be printed in the Exhibits Brochure.

Payment:

___ Visa ___ AMEX ___ MasterCard ___ Discover ___ Check/Money Order

I hereby authorize the American Society of Addiction Medicine (ASAM) to charge my account for \$
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
4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815

Contract Authorization

In accordance with the contract rules and regulations outlined in this contract and governing the exhibit and support opportunities to be held at the Gaylord Texan Resort & Convention Center, the undersigned understands and accepts and agrees to the term and conditions listed within the following ASAM Review Course in Addiction Medicine Exhibitor/Supporter Prospectus Online.

Authorized Signature:
Date:

Credit card payments may be faxed to ASAM's office at 301-656-3815.

Questions: Irina Vayner 301-547-4120 or ivayner@asam.org