



Submit Form

**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