



APPLICATION for
SPECIAL EVENT
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Special Events are any non-CME activity such as a committee/staff meetings, focus groups, investigator meetings and hospitality/social gatherings. Only exhibiting companies are allowed to conduct industry activities in conjunction with the AF Symposium. The AF Symposium must approve requests for all exhibitor activities and will release space for all functions and events. Function space is only available during approved times as indicated below:

January 15, 2025: No Time Restriction

January 16-18, 2025: Before 7 a.m. and after 6:30 p.m.

Application fee for function space is nonrefundable. Complete a separate application for each meeting and include payment via credit card with each application.

APPLICATION FEE: \$750 PER EVENT

COMPLETE APPLICATION AND SEND WITH PAYMENT

COMPANY _____

Address _____

Website _____

PRIMARY CONTACT

Phone _____

Email _____

TYPE OF EVENT/DESCRIPTION

Event Date _____ Start Time _____ End Time _____ Anticipated Attendance _____

AV and Room Set-up Requirements _____

Payment Policy: 100% payment is due upon submission of any promotional application.

Method of Payment: Credit Card

Email to: ellynh@amecme.com

Please complete the following:

VISA MasterCard American Express

Amount to be charged \$ _____

Card #: _____

Expiration Date: _____

Card Holder Name (Print) _____

Signature _____

Billing Address _____

City _____

State _____

Postal Zip Code _____

Phone _____

Fax _____

Email _____

Agreement: We, the undersigned, hereby make application for promotional opportunity to AF Symposium 2025. We acknowledge that any additional fees for production, distribution and shipping are at the expense of the exhibiting company. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulation, terms and conditions in the Prospectus and any others issued by the AFS regarding the symposium. Willingness to abide by the payment policy, and acknowledgment of having read the rules and regulations, and an agreement that the AFS2025 rules and regulations are an integral and binding part of this contract. Payment must accompany this application.

Signature of Authorizing Officer _____

Date _____

Name of Authorizing Officer and Title (Print) _____