

MA-AUA 68<sup>th</sup> Annual Meeting  
Nemacolin Woodlands Hotel – Farmington, PA  
September 23-26, 2010



**Complete and return to:**  
Mid Atlantic AUA-Yvonne Grunebaum  
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## 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 Topic and Proposed Faculty:**

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

**DAY/DATE/TIME OF MEETING** (Please check one)      Number Attendees Expected: \_\_\_\_\_

- Thurs. Sept. 23, 7:00pm – 8:30pm       Fri. Sept. 2, 6:00am – 7:30am       Sat. Sept. 3, 6:00am – 7:30am  
 Fri., Sept. 2, 12:30pm – 2:00pm       Sat., Sept. 3, 12:30 pm- 2:00 pm

### **ROOM SET**

- Classroom     Podium       Theater       Head table # pp \_\_\_\_  
 Conference     Hollow Square       U-shape       Reception     Banquet (rounds)

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

Once space has been assigned and confirmed by MA 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 authorizing MA AUA to charge the total fee indicated on this form to your credit card.

\_\_\_\_\_  
Signature      Date

**PAYMENT METHOD:**     Check amount enclosed: \$ \_\_\_\_\_

**CREDIT CARD**     American Express     MasterCard     Visa      Amount to be charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Credit Card Number      Expiration Date      Security Code (3-4 #s on front or back of card)

\_\_\_\_\_  
Name as it appears on credit card      Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.  
 If billing address is not the same please enter below.

\_\_\_\_\_  
Company Name      Street Address      City/State/Postal Code /Country

*WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.*

\_\_\_\_\_  
AUTHORIZED SIGNATURE      PRINT NAME      TITLE