



# 2013 Satellite Symposium (SS) Application

Please print clearly

Supporting company name \_\_\_\_\_

Complete mailing address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ ZIP or postal code \_\_\_\_\_ Country \_\_\_\_\_

First and last name of supporting company contact person \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Third-party contracting company name \_\_\_\_\_

Complete mailing address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ ZIP or postal code \_\_\_\_\_ Country \_\_\_\_\_

First and last name of third-party contracting company contact person \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**NOTE: THE FOLLOWING DATES AND TIMES ARE OFF-LIMITS FOR HOLDING SATELLITE EVENTS:**

Saturday, August 24—9:00 AM-9:00 PM	Tuesday, August 27—7:00 AM-1:00 AM (August 28)
Sunday, August 25—7:00 AM-5:30 PM	Wednesday, August 28—7:30 AM-12:30 PM
Monday, August 26—7:00 AM-6:00 PM	

To request space for more than one symposium, please use additional copies of this form. A limited number of symposia are allowed each day. Space is assigned on a first-come, first-served basis.

Please indicate 1 or 2 preferred dates and time slots:

- |   |  |
|---|--|
| <input type="checkbox"/> Friday, August 23 Time Slot: _____   | <input type="checkbox"/> Monday, August 26 Time Slot: _____    |
| <input type="checkbox"/> Saturday, August 24 Time Slot: _____ | <input type="checkbox"/> Tuesday, August 27 Time Slot: _____   |
| <input type="checkbox"/> Sunday, August 25 Time Slot: _____   | <input type="checkbox"/> Wednesday, August 28 Time Slot: _____ |

Topic \_\_\_\_\_

Note: A basic program outline and topic must be attached. (Request cannot be approved without an outline and topic.)

Expected number of attendees: \_\_\_\_\_

Room set-up requested:  Theater  Classroom  Crescent  Rounds of 8  Rounds of 10

Desired square footage: \_\_\_\_\_



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Will your symposium include a meal?  Yes, buffet  Yes, sit-down reception-style  No

Is a separate room needed for the meal?  Yes  No

How much set-up and tear-down time is required for the symposium? Set-up: \_\_\_\_\_ Tear-down: \_\_\_\_\_

Are there additional meeting space needs related to this symposium?  Yes (Please provide information below.\*)  No

Type of meeting \_\_\_\_\_

\*Please use an extra sheet if necessary.

I have read, understand, and agree to the Official SS Rules and Regulations as stated on page 3 of this application. I understand that failure to comply with these rules and regulations will result in the loss of all priority points earned for ASRS 2013 for the supporting company. I serve as an authorized agent of the applicant company.

\_\_\_\_\_  
SIGNED: SUPPORTING COMPANY AUTHORIZED AGENT DATE

\_\_\_\_\_  
THIRD-PARTY CONTRACTING COMPANY AUTHORIZED AGENT DATE

\_\_\_\_\_  
JILL BLIM, EXECUTIVE VICE PRESIDENT, ASRS DATE

## FEES

In order to be processed, applications for symposia must be accompanied with the appropriate non-refundable fee:

### Exhibitor Pricing:

Morning: \$5,000  
Evening symposium: \$10,000  
Full day Friday (8/23): \$20,000  
Saturday (8/24) until 9:00 AM: \$12,000  
Wednesday (8/28) afternoon: \$8,000

### Non-Exhibitor Pricing:

Morning: \$10,000  
Evening symposium \$15,000  
Full day Friday (8/23) \$25,000  
Wednesday (8/28) afternoon \$15,000

\$ \_\_\_\_\_ TOTAL ENCLOSED (Make check payable to the American Society of Retina Specialists.) Please attach a separate application for each symposium.

**If the application is approved, all symposium expenses are the responsibility of the supporter. Applications without full payment and basic topic will not be accepted.**

## SYMPOSIUM SCHEDULING

A limited number of symposia will be permitted. Please note that ASRS policy prohibits satellite symposia during scheduled scientific sessions. Please see prohibited times listed on page 1 of this application. This policy will be strictly enforced and any violations will result in the loss of priority points earned for ASRS 2013 for the supporting company.

## LOCATIONS

Space for each symposium will be assigned by ASRS. Space assignments will be confirmed in June 2013. Contact Mary Anne Difatta at 312-578-8760 or m.difatta@asrs.org for additional information.

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## Rules and Regulations for Industry Satellite Symposia (SS)

### SERVICES PROVIDED BY ASRS

- Work closely with applicants regarding their SS and meeting requirements.
- Assign appropriate space, day, time and designate hotel contacts.
- Provide one complimentary pre-registrant mailing list\* (subsequent lists are discounted 50% from the regular fee) for use to promote the symposium.
- Use of lead retrieval system
- Symposium listing on the ASRS mobile app

### PRE-MEETING POLICIES

ASRS reserves the right to review all symposium applications and promotional materials and to reject topics, formats, or materials deemed inappropriate. Program content must be relevant to retina specialists. Approval from ASRS does not constitute an endorsement of the program or its contents by ASRS.

### ON-SITE POLICIES—POSTERS/FLYERS

Morning Symposia—If permitted by hotel, posters can be displayed the day before the symposium beginning at 5:00 PM.

Evening Symposia—If permitted by hotel, posters can be displayed the day of the symposium in the meeting hotel.

Posters/flyers can be displayed and distributed in the following locations:

- The exhibiting company's booth and its CME provider's booth
- ASRS official door drops (if purchased)
- Handheld posters/flyers are not permitted.

### PRINTED AND PUBLISHED MATERIALS

All industry sponsors/supporters must be listed on all printed/published materials.

### CONTENT AND USE OF THE ASRS NAME AND LOGO

- All advertisements, promotions, or invitations for the symposium must bear the following statement: "This program is not affiliated with ASRS." This statement must appear on the cover/front page of any copy, using at least a 12-pt. font size.
- The ASRS name may not be used in any promotions, advertisements, meeting materials, or correspondence relate to the program.

**Please review the above rules and regulations and return this form with payment, program outline, and topic to:**

**American Society of Retina Specialists  
20 N Wacker Drive, Suite 2030  
Chicago, IL 60606  
Attn: Mary Anne Difatta**

Applications will be accepted on a first-come, first-served basis.

\*Mailing lists are available to exhibitors only.

ASRS initials \_\_\_\_\_ Supporting company contact initials \_\_\_\_\_ Third-party contracting company initials \_\_\_\_\_