

Please print clearly

Satellite Symposium Application (SS)

Supporting company name				
Complete mailing address				
City	State or Province	ZIP or postal code Country		
First and last name of sup	porting company contact person			
Title	Email	Phone Fax		
Third-party contract	ing company name			
Complete mailing address				
City	State or Province	ZIP or postal code Country		
First and last name of sup	porting company contact person			
Title	Email	Phone Fax		
NOTE: THE FOLLOWING Friday, August 11th - 12:0 Saturday, August 12th - 7: Sunday, August 13th - 7:3 Monday, August 14th - 7:3	30am – 6:00pm Tuesda 0am – 6:00pm	PR HOLDING SATELLITE EVENTS ay, August 15th – 7:30am - midnight		
Black-out times are subjec	t to change.			
To request space for more than one symposium, please use additional copies of this form. A limited number of symposia are allowed each day. Please indicate 1 or 2 preferred dates and time slots: [] Thursday, August 10, Time Slot: [] Sunday, Aug 13, Time Slot: [] Friday, August 11, Time Slot: [] Monday, Aug 14, Time Slot: [] Saturday, August 12, Time Slot: [] Hynes Convention Center [] Other Hotel (Additional fees may apply)				
	have been autima and tania must be att	asked for request to be entroyed		
	basic program outline and topic must be atta see content guidelines on page 3.	ached for request to be approved.		
Expected number of attend Room set-up requested: [dees: Desire] Theater [] Classroom [] Rounds of 10	d square footage:) []		
ASRS initials Su	pporting company contact initials Th	ird-party contracting company initials		



2017 BOSTON

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Will your symposium include a meal? [] Yes, buffet [] Yes, sit-down reception-style [] No How much set-up and tear-down time is required for the symposium? Set-up: _____ Tear-down: ______

Description of event

*Please use an extra sheet if necessary.

FEES

To be processed, applications for symposia must be accompanied with the appropriate non-refundable fee: **Exhibitor & CMP Member Pricing** — Satellite symposia are only open to exhibitors and CMP members. Morning: \$ 7,000 Evening symposium: \$12,000 All day Thursday: \$22,000

PAYMENT

CHECK	Number:
CILCIN	number.

\$______ TOTAL ENCLOSED (Make check payable to the American Society of Retina Specialists.)

CREDT CARD: [] VISA [] Mastercard	[] AmEx	
Card No	3 or 4 digit security code	Expiration date
Name on card		
Billing Address		
Sign here to authorize payment		

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 2017 for the supporting company.

LOCATIONS

• There is limited space at the Hynes Convention Center, and space will be assigned based on the date that we receive your application. Priority points will also be taken into consideration when making room assignments.

• Meeting space will be available for set-up after lunch is torn down each day if ASRS space is assigned

• Symposia space may be available at nearby hotels. Additional fees and guidelines may apply. Symposia held outside the host hotel are still subject to the same fees, blackout times, and guidelines.

• Symposia held at the Hynes Convention Center will be required to use the American Society of Retina Specialists' audiovisual company or the convention center's audiovisual company, depending on the location of the room.

ASRS initials ______ Supporting company contact initials ______ Third-party contracting company initials ______



Satellite Symposium Application (SS)

Rules and Regulations for Industry Satellite Symposia (SS)

2017 BOSTON

All affiliate events held in conjunction with the ASRS Annual Meeting must go through the ASRS' approval process.

SERVICES PROVIDED BY ASRS

Assign appropriate space, day, time and designate hotel/convention center contacts if held at host facility.
Provide one complimentary pre-registrant mailing list for use to promote the symposium. Subsequent lists are discounted 50% from regular fee. *Please note: A copy of the mailing must be approved by ASRS in writing.*

- Complimentary use of one lead retrieval scanner
- Symposium listing on the ASRS mobile app

APPOVAL OF SYMPOSIA CONTENT

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.

Content must be educational in nature. Promotional content is not permitted. While offering CME is not required, courses should meet ACCME guidelines as follows:

- Content promotes improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest
- · Presentations give a balanced view of therapeutic options
- The use of trade names is prohibited

ON-SITE POLICIES—POSTERS/FLYERS

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

Evening Symposia—If permitted by the convention center or 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 and 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 promotions, ads, meeting materials, or correspondence related to the program.

Please review the above rules and regulations and return form with payment, program outline,

and topic to: Attn: Sam Zerang, American Society of Retina Specialists, 20 N. Wacker Drive, Suite 2030, Chicago, IL 60606

I have read, understand, and agree to the Official SS Rules and Regulations as stated in 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 2017 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

Please initial:

____ I have read and agree to the content guidelines listed. I understand that content must be educational and that promotional content is not permitted.

_ I agree to the guidelines on promotional materials and use of the ASRS name and logo.

___ I understand that outside AV is not permitted at the Hynes Convention Center.

ASRS initials ______ Supporting company contact initials _____ Third-party contracting company initials _____