



## **ASRS Affiliate Meeting Approval Form**

This form may be used to request approval for **closed** meetings held in conjunction with the ASRS 43<sup>rd</sup> Annual Meeting. Upon approval of your request, you may contract space and secure any needs for your meeting. **If you are requesting space for a satellite symposium, please complete the Satellite Symposia Application.**

**Before completing this form, please carefully review the following guidelines for affiliate meetings and events:**

- If inviting ASRS attendees to your meeting, it must be held during a time that does not conflict with ASRS hosted events. Please refer to our blackout dates and times below. Blackout times do not apply to internal company meetings.
- Restrictions and additional fees may apply if ASRS attendees are invited. Meetings with 25 or more physicians are subject to satellite fees; Meetings with 11-24 physician attendees are subject to 50% satellite fee; Meetings with 10 or less physician attendees are not subject to fees.
- All meetings/events affecting attendees within one week of the Annual Meeting must be reviewed and approved by ASRS before implementation and promotion can occur. This applies to all events whether they are being held at ASRS-contracted facilities or elsewhere.
- Meeting space at ASRS-contracted facilities will be assigned based on availability. Associated fees may apply. Booking meeting space at an off-site venue is permitted upon approval of your meeting request.
- Meeting space may be subject to rental fees and/or food and beverage minimums.
- Affiliate/exhibitor is responsible for all expenses related to the meeting

**The following dates/times are off-limits for inviting ASRS attendees to events: \***

Wednesday, July 30 - 7:30am-10:00pm  
Thursday, July 31 - 7:30am – 6:00pm  
Friday, August 1 - 7:30am – 6:00pm  
Saturday, August 2 - 7:30am – midnight

*\*The above dates and times are subject to change*

## ASRS Affiliate Meeting Approval Form

Please complete one form per meeting request

### COMPANY INFORMATION

|                  |  |
|------------------|--|
| Company name     |  |
| Contact name     |  |
| Address          |  |
| City, state, zip |  |
| Email Address    |  |
| Phone            |  |
| Today's date     |  |

### EVENT INFORMATION

|  |  |
|--|--|
| Type of meeting                                      |  |
| Meeting purpose                                      |  |
| Attendees invited (internal staff, physicians, etc.) |  |
| Estimated number of attendees                        |  |
| Date(s)  |  |
| Time(s)  |  |

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Authorized Signature\*

Print Name

Date

*\*I agree to the rules and regulations stated on page 1 of this document.*

Please return your completed form to Sam Zerang at [sam.zerang@asrs.org](mailto:sam.zerang@asrs.org)