



ASRS Affiliate Meeting Approval Form

This form may be used to request approval for meetings held in conjunction with the ASRS 36th Annual Meeting. Upon approval of your completed form 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 read 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. Restrictions and additional fees may apply if ASRS attendees are invited.
- All meetings/events affecting attendees during the inclusive dates and location of the Annual Meeting must be reviewed and approved through the application process before promotion and implementation can occur. This applies to all events whether they are being held at ASRS-contracted facilities or otherwise.
- Promotional symposia are not permitted. Please see the satellite symposium application for guidelines.
- Meeting space at the Vancouver Convention Centre is limited and subject to availability. Booking meeting space at an off-site venue is permitted upon approval of your meeting request.
- Affiliate/exhibitor is responsible for all expenses related to the meeting or event
- Vendors/companies who are not exhibitors, sponsors or corporate representatives will be prohibited from having events in conjunction with the ASRS Annual Meeting.

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

Friday, July 20: 1:00pm – 10:00pm
Saturday, July 21: 7:30am – 6:00pm
Sunday, July 22: 7:30am – 6:00pm
Monday, July 23: 7:30am – 5:30pm
Tuesday, July 24: 7:30am – midnight (7/25)
Wednesday, July 25: 7:30am – 12:00pm

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

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Please complete one request 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.)	
Number of attendees	
Date(s)	
Time(s)	

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