

ASRS Business of Retina Meeting 2026 Satellite Symposium Application

Supporting company	name (Satellite symposia are only open to e	exhibitors and CMP members)
Complete mailing address		
City	State or Province	ZIP or postal code Country
First and last name of suppo	orting company contact person	
Title	Email	Phone Fax
Third-party contracting	ng company name	
Complete mailing address		
City	State or Province	ZIP or postal code Country
First and last name of suppo	orting company contact person	
Title	Email	Phone Fax
enforced and any violations	osting of any meetings or events that conflict will result in the loss of priority points earned to are off-limits for holding satellite events: 00am - 6:00pm 7:45am - 6:00pm 7:45am - 12:00pm	with the ASRS program. This policy will be strictly for ASRS 2026 for the supporting company. The
EVENT DETAILS Requested date and time:		
Expected number of attende	ees:	
Room set-up requested: []	Theater [] Classroom [] Rounds of 10 [[] Other
	e a meal? [] Yes, buffet [] Yes, sit-down re	
Will your symposium include	e a mear?[] res, builet [] res, sit-down it	eception-style [] No

Note: A basic program outline and topic must be included for request to be approved. Please use an extra sheet if necessary.

LOCATION

Meeting space at the Hyatt Regency is subject to availability. Rental and food and beverage minimums may apply. Booking space at an off-site venue is permitted. Symposia held outside the host venue are subject to the same fees, blackout times, and guidelines. Your application must be approved prior to booking space.



SIGNED: SUPPORTING COMPANY AUTHORIZED AGENT

OFFICIAL REPRESENTATIVE OF ASRS

THIRD-PARTY CONTRACTING COMPANY AUTHORIZED AGENT

FEES

To be processed, applications for symposia must be accompanied with the appropriate non-refundable fee:
Evening: \$7,500 (non-exclusive); \$15,000 (*exclusive); Morning: \$3,750

*Only one affiliate satellite symposium will be scheduled during an exclusive timeslot. Exclusivity does not apply to ASRS programming, which

may conflict with exclusive satellite symposia.
PAYMENT CHECK 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
Mail check payments (USD only) to: American Society of Retina Specialists, PO Box 8289, Carol Stream, IL 60197-8289
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.
Rules and Regulations for Industry Satellite Symposia (SS) All affiliate events held in conjunction with the ASRS Business of Retina Meeting must go through the ASRS' approval process.
SERVICES PROVIDED BY ASRS • One pre-registrant mailing list for use to promote the symposium. Note: The mailing list will only include registrants who have opted in to receive communication from exhibitors. A copy of the mailing must be approved by ASRS in writing. • One complimentary E-Blast to promote the symposium. E-Blasts are sent by ASRS on behalf of the supporter. • Symposium listing on the ASRS website.
APPROVAL OF SYMPOSIA CONTENT ASRS reserves the right to review all symposium applications and promotional materials and to reject topics, formats, or materials deemed inappropriate. Approval from ASRS does not constitute an endorsement of the program or its contents by ASRS.
ON-SITE POLICIES—POSTERS/FLYERS If permitted by the 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 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: sam.zerang@asrs.org .
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 2026 for the supporting company. I serve as an authorized agent of the applicant company.

DATE

DATE

DATE