

ASRS Business of Retina Meeting 2020 Satellite Symposium Application

Supporting company name (Satellite symposia are only open to exhibitors and CMP members)

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 supporting company contact person

Title Email Phone Fax

SYMPOSIUM SCHEDUING

ASRS policy prohibits the hosting of any meetings or events that conflict with the ASRS program. This policy will be strictly enforced and any violations will result in the loss of priority points earned for ASRS 2020 for the supporting company. **The following dates and times are off-limits for holding satellite events:**

Friday, March 20, 2020 – 2:00pm – 9:00pm

Saturday, March 21, 2020 - 7:00am – 6:30pm

Sunday, March 22, 2020 – 7:00am – 12:00pm

Black-out times are subject to change.

EVENT DETAILS

Saturday, March 21, 2020 Time Slot: _____

Expected number of attendees: _____

Room set-up requested: ☐ Theater ☐ Classroom ☐ Rounds of 10 ☐ Other _____

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

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

LOCATION

ASRS will assign meeting space at the Four Seasons Dallas at Las Colinas (subject to availability). 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.

FEES

To be processed, applications for symposia must be accompanied with the appropriate non-refundable fee:
Evening symposium: \$7,500

PAYMENT

CHECK Number:

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

CREDIT CARD: ☐ VISA ☐ Mastercard ☐ AmEx

Card No. _____ 3 or 4 digit security code _____ Expiration date _____

Name on card _____

Billing Address _____

Sign here to authorize payment _____

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

- Assign appropriate meeting space.
- 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.*
- One complimentary E-Blast to promote the symposium.
- 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: 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 2020 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