AESTHETIC MEETING 2010
Corporate Satellite Symposium Application and Space Request

Commercial Supporter _____

CME Provider _____

Event Organizer _____

Designated Contact _____ **Email** _____

Phone _____ **Fax** _____

Event Title _____

Topic/Area of Interest _____ **Estimated Attendance** _____

Please list your first two options for date/time/fee

□ Thursday, April 22, 2010	6:30pam – 10:00 pm	$25,000
□ Friday, April 23, 2010	6:30 pm to 10:00 pm	$25,000
□ Sunday, April 25, 2010	6:30 pm to 10:00 pm	$25,000

Function Type □ Dinner □Reception

Room Setup □ Rounds □ Theater □ Schoolroom □Crescents

Audio Visual Needs and set up _____

Plan Carefully: Request space to include all food & beverage functions INSIDE the room. A registration table and two signs are the only items allowed outside the assigned function room.

□ **CME to Be Provided** □ **ACCME Accreditation Certificate Enclosed**

- All Corporate Satellite Symposia will be held at the Gaylord National Hotel & Convention Center in Washington, DC.
- All Corporate Satellite Symposia are sold on a first-come, first-served based on complete applications.
- For an application to be considered complete payment MUST accompany the application.

The undersigned hereby acknowledges that the American Society for Aesthetic Plastic Surgery is not responsible for this corporate satellite symposium, its content, speakers, overall outcome or attendance. The views expressed, and quality of the content are of those presenting, the accrediting body and/or the commercial sponsor and in no way should be regarded as those of the American Society for Aesthetic Plastic Surgery, its board, the members or its staff. By signing this application you acknowledge and agree with all the terms and conditions of the Corporate Satellite Symposia Guidelines and the Exhibitor Prospectus and understand that you are purchasing time at the Aesthetic Meeting 2010 to hold your own symposia and are allowed to market the program as outlined in these guidelines.

Name _____ **Title** _____

Signature _____ **Date** _____

Payment Requirement: A check payable to ASAPS in US funds drawn on a US Bank

Send completed application and payment to:

ASAPS
11262 Monarch Street
Garden Grove, CA 92841 USA

PAYMENT MUST BE MADE IN FULL FOR APPLICATION TO BE PROCESSED