



**Complete and return to:**  
AAPS- Yvonne Grunebaum  
500 Cummings Center, Suite 4550,  
Beverly, MA 01915 USA  
Phone: 978-927-8330 / Fax: 978-524-0461  
[ygrunebaum@prri.com](mailto:ygrunebaum@prri.com)

**INDUSTRY SUPPORTED**  
**SYMPOSIUM APPLICATION**

Exact Title of Symposium \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Brief Description of Symposia Topics and Proposed Faculty:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CME Provider\* (if applicable): \_\_\_\_\_

**\*If CME will be provided please include copy of Accreditation and Designation statements**

**FUNCTION TYPE** (check one) Lunch  **March 25 \$10,000**  **March 26 \$10,000**

**DATE AND TIME:** \_\_\_\_\_

Once space has been assigned and confirmed by AAPS you will be put in direct contact with a catering representative. Catering, special set fees, electrical/ telecommunications and labor are not included in the fee. Each company is responsible for all charges to the facility. By signing below you are authorizing AAPS to charge the total fee indicated on this form to your credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT METHOD**

Credit Card  American Express  MasterCard  Visa

Check amount enclosed: \$ \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Name as it appears on cc: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3-4 #s on front/back card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

- Please check if credit card billing address is same as contact information.
- If billing address is not the same please enter below.

**Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.**

Company Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/State/Postal Code /Country \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

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[industry@aaps1921.org](mailto:industry@aaps1921.org)