

SPECIAL EVENT APPLICATION

AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE - 2008 ANNUAL SYMPOSIUM
Washington, DC - April 11-13, 2008

In addition to the exhibits at the Symposium, opportunities are also available to become a part of several special events. Partners of Special Events not only help support the success of the meeting, but also increase a firm's exposure to Symposium participants. As a Partner of an event, your firm will be acknowledged in the printed program and with special signage and recognition. Event Partners will also be recognized by the Academy President in the general session that day.

Company (list exactly as it should appear in all listings, signage and acknowledgements):

Firm _____

Address _____

City, State, Zip _____

Contact Person

Name _____ Phone _____ Email _____

SPECIAL EVENTS

Please indicate the item you would like to support by checking the space next to the event/item. Coffee break and breakfast supporters will have the opportunity to have promotional materials on tables near the food items. For supporters of Luncheon, Reception and/or Saturday night dinner, one promotional piece may be inserted in each delegate's registration packet. Upon receipt of your payment, a Letter of Agreement will be forwarded for signage, outlining the details of the support.

Refreshment/Coffee Break(s)	\$ 850	_____
Continental Breakfast(s)	\$1,300	_____
Friday wine & cheese reception	\$2,300	_____
Luncheon(s)	\$2,500	_____
Saturday night dinner	\$5,000	_____
Totebags	\$2,500	_____
(artwork to be provided by company)		
Lanyards (to hold attendee badges)	\$1,500	_____
Total Enclosed		_____

If you have other ideas about ways to support the Symposium, please contact Tracey Dowden at (323) 937-5514, ext 24 (office phone); (240) 472-3816 (cell phone); tracey.dowden@att.net (email).

Payment: Make your check payable to **AAMA** or include credit card information below. (*Corporate Support contributions must be paid in full.*)

Credit Card Number (Visa, MC, or American Express) _____ Exp Date: _____

Authorized Card Signature: _____

Name as it appears on card: _____ Phone: _____

Return this form and payment to:

Tracey Dowden, Exhibits Manager, American Academy of Medical Acupuncture
4929 Wilshire Blvd, Suite 428, Los Angeles, CA 90010
Fax: (323) 937-0959 (credit card payments only)