

CORPORATE SUPPORT APPLICATION & PRIZE DRAWING FORM

AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE - 2003 ANNUAL SYMPOSIUM
Baltimore, Maryland - April 25-27, 2003

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

Firm _____

Address _____

City, State, Zip _____

Contact Person

Name _____ Phone _____ Email _____

SOCIAL ACTIVITIES AND TOTE BAGS

Please indicate the item you would like to support by checking the space next to the event/item. Your firm and its Corporate Support will be acknowledged in the printed program and with special signage and recognition. 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. Corporate Support contributions must be paid in full. Upon receipt of your payment, a Letter of Agreement will be forwarded for signage, outlining the details of the support.

Refreshment/Coffee Break(s)	\$ 500	_____
Continental Breakfast(s)	\$ 900	_____
Friday wine & cheese reception	\$2,000	_____
Luncheon(s)	\$2,500	_____
Saturday night dinner	\$5,000	_____
Totebags	\$2,000	_____
(artwork to be provided by company)		
Total Enclosed		_____

PRIZE DRAWINGS

Please indicate if you are interested in donating a prize for the "bingo card" drawing. Your prize donation will be acknowledged in the materials attendees receive and on the list of prizes when the winning names are drawn. The prizes should be something the physicians will remember receiving from you and your company.

____ Yes, we will donate a prize for the drawings. The prize will be _____

____ Yes, we will donate a prize for the drawings, but don't yet know what it will be. Will indicate by April 7.

Deadline to be included in the printed list of prizes for the drawing is **April 7, 2003**.

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.

Credit Card Number (Visa or Mastercard only) _____ 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)