

## SPECIAL EVENT APPLICATION

AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE – 2019 ANNUAL SYMPOSIUM  
Phoenix, AZ – April 12-14, 2019

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 Celebration dinner event, one promotional piece may be inserted in each delegate's registration packet and the firms will be introduced and acknowledged by the Chair during the event. Upon receipt of your payment, a Letter of Agreement will be forwarded for signage, outlining the details of the support.

Refreshment/Coffee Break(s)	\$ 900	_____
Continental Breakfast(s)	\$1,300	_____
Saturday wine & cheese reception	\$2,000	_____
Luncheon(s)	\$2,250	_____
Totebags	\$2,000	_____
(artwork to be provided by company by 2/15/19)		
Lanyards (to hold attendee badges)	\$1,250	_____
(logo/artwork to be provided by company by 2/15/19)		
Friday evening Celebration event		
Minimum contribution of \$500		_____ (each will get 2 tickets to dinner)
Total Enclosed		_____

If you have other ideas about ways to support the Symposium, please contact Julie Minor at (310) 379-8261 (office phone); [aamastaff@gmail.com](mailto:aamastaff@gmail.com) (email).

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

Card Number (Visa, MC, or AmEx) \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ Security \_\_\_\_\_

Authorized Card Signature: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Phone: \_\_\_\_\_

*Return this form and payment to:*  
Julie Minor, Exhibits Manager, American Academy of Medical Acupuncture  
2512 Artesia Blvd, Ste 200, Redondo Beach, CA 90278  
Fax: (310) 379-8283 (credit card payments only)