



## **INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION**

Exact Title of Symposium		Name of Accrediting Organization	
Sponsoring Company Name		Contact Name	
Address	City	State	Zip
Phone	Fax	Email	

Brief Description of Symposia Topics and Proposed Faculty:

\* Symposium acceptance is subject to final approval by the NE AUA Scientific Program Committee

**FUNCTION TYPE** (check one) ☐ Breakfast \$15,000 ☐ Lunch \$25,000 ☐ Dinner \$35,000

**Friday, September 8**

- ☐ 6:00 am – 8:00 am Breakfast  
☐ 12:30 pm – 2:00 pm Lunch

**DAY/DATE/TIME OF MEETING**

**Thursday, September 7**

- ☐ 12:00 pm – 1:30 pm Lunch  
☐ 7:30 pm – 9:30 pm Dinner

**Saturday, September 9**

- ☐ 6:00 am – 8:00 am Breakfast  
☐ 12:30 pm – 2:00 pm Lunch

Once space has been assigned and confirmed by NEAUA you will be put in direct contact with our meeting staff. Catering, AV, are included in the fee. Each sponsor is responsible for all additional charges to the facility. By signing below you are authorizing NEAUA to charge the total fee indicated on this form to your credit card.

Signature

Date

**PAYMENT METHOD** Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

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

**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.

Company Name

Street Address

City/State/Postal Code /Country

☐ **WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.**

**AUTHORIZED SIGNATURE**

**PRINT NAME**

**TITLE**