



## 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

### DAY/DATE/TIME OF MEETING

#### Thursday, September 10

- 12:00 pm – 1:30 pm Lunch
- 7:00 pm – 8:30 pm Dinner

#### Friday, September 11

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

#### Saturday, September 12

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAYMENT METHOD:** In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact [industry@neaua.org](mailto:industry@neaua.org) with any immediate concerns.

DO NOT EMAIL CREDIT CARD INFORMATION. Please send to our secure fax: (978) 524-0461. If no credit card information is included, you may email to [industry@neaua.org](mailto:industry@neaua.org)

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

CREDIT CARD      

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

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

Expiration Date \_\_\_\_\_ Security Code (3-4 numbers on front or back of card) \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

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

Please check if credit card billing address is same as contact information at the top of the form.

Billing address if different than above: \_\_\_\_\_

**DO NOT EMAIL full credit card information.** Form must be faxed if credit card number is showing via our secure fax **978.524.0461**. If you prefer to email please leave out the credit card number and