



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, October 14

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

Friday, October 15

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

Saturday, October 16

- 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::

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

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

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

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: _____