

# GIVEAWAY REQUEST FOR APPROVAL FORM (DUE BY: APRIL 26, 2019)

Please complete this form if your company is requesting to give away an item in your exhibit booth. Refer to the section for During the Exhibition - Giveaways under Rules & Regulations in the Service Kit for further details.

In response to the Pharmaceutical Research and Manufacturers of America's (PhRMA) new codes governing interactions with healthcare professionals and in supporting similar changes from the Advanced Medical Technology Association (AdvaMed), the only giveaways allowed are those designed **primarily for the education of patients or healthcare professionals.**

COMPANY NAME \_\_\_\_\_ BOOTH # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

ITEM(S) REQUESTING TO GIVEAWAY DURING EXHIBITION HOURS \_\_\_\_\_

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COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

**We may ask for you to mail a sample of your giveaway if needed for further review. Please contact Kristine Coan if you have any questions.:**

**Email:** [kcoan@ascrs.org](mailto:kcoan@ascrs.org)

**Fax:** (703) 434-4003