



ASCRS•ASOA – Giveaway Request for Approval (Due by: April 8, 2016)

Please complete this form if your company is requesting to give away an item in your exhibit booth.

Refer to the Giveaways section of the Exhibitor Prospectus or 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 First & Last Name: _____

Phone: _____

Contact Email: _____

Contact Signature: _____

Item(s) requesting to giveaway during exhibition hours:

A sample of the item(s) is required to be mailed to the Exhibits Manager.

Please contact the Exhibits Manager if you have any questions.

Please e-mail or fax this form to ASCRS•ASOA prior to April 8, 2016 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager
jbarbera@ascrs.org OR **FAX directly to:** (703) 547-8840