



**ASCRS•ASOA – Giveaway  
Request for Approval Form  
(Due by: March 23, 2018)**

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 Manger if you have any questions.

**Please e-mail or fax this form to ASCRS•ASOA prior March 23, 2018 to:**

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