

Showcase your company by conducting a session or product demonstration. Meet and engage with attendees and key decision makers to share new research, discuss clinical protocols, and conduct demonstrations of new products and services. Suggested areas of interest for our attendees include, but are not limited to, risk evaluation and mitigation strategies (REMS), compliance, patient safety, diversion, and research.

- **Reach a maximum of 50 attendees.**
- **Present a 30-minute session.**



Preferred Day and Time

Please indicate your preferred time slot; refer to the meeting schedule at annualmeeting.painmed.org for exact times (available early November 2019).

THURSDAY, FEBRUARY 27

☐ Opening Reception

FRIDAY, FEBRUARY 28

☐ AM Break

☐ PM Break

☐ Reception

SATURDAY, FEBRUARY 29

☐ AM Break

Preliminary schedule, subject to change.

Rules and Regulations

Corporate showcase sessions are presented theater style, slotted for 30 minutes, and given to 50 attendees at a time. The showcase fee includes space rental, audiovisual equipment, and listing on onsite signage that features all corporate showcases listed in the AAPM Annual Meeting mobile app.

All activities are restricted to the designated area in the AAPM Resource Center. Your showcase will include a podium, microphone, sound system, projection, 8' screen, and one lead-retrieval machine. You are responsible for any special-need charges (e.g., catering, additional audiovisual equipment).

Promotion of your showcase is your responsibility. Signage no larger than 28' x 44' may be placed in the registration area, at the entrance of the AAPM Resource Center (exhibit hall), and outside the designated area 24 hours before your showcase is scheduled to begin. You may promote your showcase through direct mail, room drop, bag insert, or mobile app for an additional fee.

Sessions are approved on a first-come, first-served basis. Showcases are available only to AAPM exhibitors. No cancellations are accepted after space is confirmed. **The fee is \$5,500.**

Submit this form or use the fillable form available at painmed.org.

Title of session _____

Please provide a 50-word description about your session by December 2, 2019, for inclusion in the Annual Meeting App.

COMPANY INFORMATION

Company name _____

Contact _____ Title _____

Address _____ City/state/ZIP _____

Phone (____) _____ Email _____

PAYMENT INFORMATION

☐ Check enclosed (payable to AAPM) Check number _____

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Credit card payments of \$5,000 or more will be assessed a 3% processing fee.

Name on card _____ Amount \$ _____

Account number _____ SC _____ Expiration date _____

Signature _____

Mail form and payment to AAPM, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631 or fax to 888-374-7259.

Email form to prd@painmed.org and mail payment to PO Box 3781, Oak Brook, IL 60522.

Contact Kathryn Checea, Director of Professional Relations, at 847-375-4765 or kchecea@painmed.org.