

Participation Form

COMPANY INFORMATION

Please provide company name as it should appear in AOFAS publications. Use upper and lower case. Abbreviations of Inc., Co., and Corp. will be used as stated.

COMPANY NAME _____

CONTACT NAME/TITLE _____

PHONE _____

FAX _____

EMAIL _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

SPONSORSHIP INFORMATION

Please list requested support opportunities:

Commercial Support Total: \$ _____

PAYMENT

Check enclosed (payable to AOFAS) Check # _____

Credit Card: VISA® MasterCard® AmEx®

Card # _____

Expiration (mm/yy) _____ Security Code _____

I authorize the AOFAS to apply 100 percent toward the opportunities requested (no exceptions).

I have read and agree to the Commercial Support Terms and Conditions (below)

Signature _____

Date _____

PO # (if necessary) _____

Submit completed order form to:

Debbie Whalen, Exhibits/Corporate Support Management

Phone: 847-430-5084 • Fax: 847-692-3315

Email: dwhalen@aofas.org

FEDERAL TAX ID # 23-7087029

9400 West Higgins Road, Suite 220

Rosemont, Illinois 60018-4975

TERMS OF COMMERCIAL SUPPORT FOR ALL CME ACTIVITY

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The AOFAS is committed to presenting CME activities that promote improvements or quality in healthcare, are independent of the control of commercial interests, and abide by all requirements of the ACCME Standards of Commercial Support of Continuing Medical Education.

PAYMENT POLICY

Full payment must be received 60 days prior to the start of a meeting or educational course.

CANCELLATION POLICY

Requests for cancellation of any corporate support opportunity must be made in writing. Refunds will be made approximately 30 days after the meeting, in accordance with the following schedule:

- 60-90 days out: 50% retained
- Less than 60 days out: 100% retained