



American Association of Neuromuscular &
Electrodiagnostic Medicine

Annual Meeting Support Opportunities Order

Company Information

Company/Advertiser Name _____

Agency (if applicable) _____

Billing Information: Company Agency

Contact Name/Title _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Graphic Design Contact _____

Booth Number (if known) _____

Marketing Opportunities

- | | |
|---|----------|
| <input type="checkbox"/> Meeting on Flash Drive | \$15,000 |
| <input type="checkbox"/> CyberCafe | \$10,000 |
| <input type="checkbox"/> Conference Bags | \$10,000 |
| <input type="checkbox"/> Seated Massage Station | \$7,500 |
| <input type="checkbox"/> Program Book Note Pages | \$7,000 |
| <input type="checkbox"/> Charging Station | \$5,000 |
| <input type="checkbox"/> Hotel Key Card SOLD | \$3,000 |
| <input type="checkbox"/> Pens | \$2,500 |
| <input type="checkbox"/> Lanyards SOLD | \$2,500 |
| <input type="checkbox"/> Welcome Signage | \$2,500 |
| <input type="checkbox"/> Hotel Door Drop | \$1,000 |
| <input type="checkbox"/> Foundation Silent Auction | \$1,000 |
| <input type="checkbox"/> WiFi in Exhibit Hall | \$10,000 |

Educational Sessions

- | | |
|---|-------------------|
| <input type="checkbox"/> Plenary Sessions | \$25,000/\$50,000 |
| <input type="checkbox"/> Neuromuscular Update Course | \$25,000/\$50,000 |
| <input type="checkbox"/> EMG Talk | \$8,000/\$24,000 |
| <input type="checkbox"/> Courses | \$10,000 |
| <input type="checkbox"/> Workshops with Didactic/
Large Group Demonstrations | \$5,000 |
| <input type="checkbox"/> Symposia | \$4,000 |
| <input type="checkbox"/> Special Interest Groups (SIGs) | \$3,000 |
| <input type="checkbox"/> Workshops | \$1,000 |
| <input type="checkbox"/> Expert Roundtables | \$1,000 |

Social Events & Activities

- | | | | |
|--|----------|---|---------|
| <input type="checkbox"/> President's Reception | \$20,000 | <input type="checkbox"/> Resident & Technologist Social Event | \$2,500 |
| <input type="checkbox"/> Exhibit Hall Lunches | \$30,000 | <input type="checkbox"/> Hospitality Suite | \$2,500 |
| <input type="checkbox"/> Coffee Break | \$8,000 | <input type="checkbox"/> President's Luncheon | \$1,500 |
| | | <input type="checkbox"/> Welcome Reception | \$1,500 |

Method of Payment

Enclosed is check # _____ (made payable to AANEM in US dollars)

Charge to credit card: Mastercard Visa American Express Discover

Credit Card # _____ Exp. Date: ____/____ 3-4 digit security code: _____

Name on Card: _____

Address of Cardholder: _____

Signature (credit card payments only): _____

Authorized signature: _____ Date: _____

Total Amount Due: \$ _____

Return completed form and payment to:

AANEM
2621 Superior Dr NW
Rochester, MN 55901
or
Fax to: 507.288.1225
Email to: corporate@aanem.org

Advertising Contact:

Brenda Riggott
Director of Member & Corporate Relations
Phone: 507.288.0100
Email: briggott@aanem.org