

Showcase your company by conducting a seminar or product demonstration. Meet with attendees and key decision makers to share new research, discuss clinical protocols, and conduct product 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 more than 50 attendees.
- Present a 30-minute session.



## Preferred Day and Time

Please indicate your preferred time slot; refer to the AAPM meeting schedule at [painmed.org](http://painmed.org) for exact times (available early November 2018).

### THURSDAY, MARCH 7

Opening Reception

### FRIDAY, MARCH 8

AM Break

PM Break

Reception

### SATURDAY, MARCH 9

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 and listing on onsite signage that features *all* corporate showcases listed in the AAPM Annual Meeting Program Guide.

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, etc.).

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 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, or program book advertising for an additional fee.

Sessions are approved on a first-come, first-served basis. Showcases are only available 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](http://painmed.org).

Title of Session \_\_\_\_\_

Please provide a 50-word description about your session by December 17, 2018, for inclusion in the Annual Meeting Program Guide.

## CONTACT INFORMATION

Contact \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Submitted By \_\_\_\_\_ E-mail Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Company Advertiser \_\_\_\_\_

## PAYMENT INFORMATION

MasterCard  Visa  American Express  Discover Amount \$ \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Send Corporate Showcase form to  
**AAPM**, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631  
 Attn: Professional Relations and Development

Return with payment to  
**AAPM**, PO Box 3781, Oak Brook, IL 60522  
 Fax 888.374.7259