ASE 29th Annual Scientific Sessions
Satellite Events Application
June 22-26, 2018 • Gaylord Opryland • Nashville, TN

ASE will allow events to be held (dependent upon space available) at the Gaylord Opryland.

Organizations must complete one application for each event and receive written approval from the ASE before they are permitted to contact any of the above facilities. If a satellite event occurs during the ASE Scientific Sessions that has not received written approval from ASE, this infraction will result in a loss of exhibiting privileges for the company in violation, and the company may be fined up to $5,000 per non-approved event. Exhibiting organizations are responsible for ensuring that their company representatives/agents adhere to the rules and regulations outlined in the ASE Exhibitor Prospectus.

Satellite Events Eligible for Approval:

<table>
<thead>
<tr>
<th>Hospitality Suite:</th>
<th>Hospitality Suites in the hotel are used to greet invited attendees and/or provide a hospitality lounge. Invitation is only from the event holder. Suites are available all day Saturday – Tuesday.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator Meetings:</td>
<td>Investigator Meetings provide an opportunity for investigators to network and share the latest scientific data on clinical trials.</td>
</tr>
<tr>
<td>Social Events:</td>
<td>Events, such as receptions, meet &amp; greets, and dinners that do not contain educational content.</td>
</tr>
<tr>
<td>Staff Meeting Events:</td>
<td>Events in which exhibiting organization holds internal staff/training meetings.</td>
</tr>
<tr>
<td>Symposia Events:</td>
<td>Events that offer continuing medical education (CME) or provide education content.</td>
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</tbody>
</table>

*If a satellite event has more than 50 attendees, the event cannot be held while ASE meetings are in session (refer to permissible times below). Please note that ASE faculty cannot be used for symposia events on Monday evening.

Friday, June 22:  ☑️ 8:00 am – 1:00pm or ☑️ after 7:30 pm
Saturday, June 23:  ☑️ 5:00 am – 7:00 am or ☑️ after 7:30 pm
Sunday, June 24:  ☑️ 5:00 am – 7:00 am or ☑️ after 7:30 pm
Monday, June 25:  ☑️ 5:00 am – 7:00 am or ☑️ after 7:30 pm*
Tuesday, June 26:  ☑️ 5:00 am – 7:00 am or ☑️ after 2:30 pm

Please complete ONE application for EACH event. Make copies as needed. Payment must be included with application. Application must be received at ASE Headquarters no later than May 22, 2018.

Please return completed application to:
American Society of Echocardiography
ATTN: Erin McClure

*Please note new address: 2530 Meridian Parkway, Suite 450 Durham, NC 27713
Phone: (919) 297-7157 • Fax: (919) 882-9900 • Email: emcclure@asecho.org
www.asescientificsessions.org
Satellite Events Application

Please complete the following application

Company: __________________________________________________________

Event Contact/Organizer: ____________________________________________

Email Address: ______________________________________________________

Phone Number: _____________________________________________________

Mailing Address:

Street Address

City __________________ State ______ ZIP Code ________________

On-site Contact: ____________________________________________________

On-site Cell Phone: ________________________________________________

Please select event type below

☐ Hospitality Suite: $8,000 (suites are available from Saturday-Tuesday; reduced fees are not available if suite is not needed for this duration)

☐ Investigator Meetings: $250 application fee for Non-IRT Members; $150 application fee for IRT Members

☐ Social Events: $250 application fee for Non-IRT Members; $150 application fee for IRT Members

☐ Staff Meeting Events: $250 application fee for Non-IRT Members; $150 application fee for IRT Members

☐ Symposia Events: 

   Over 100 people: $10,000 for Non-IRT Members; $5,000 for IRT Members

   Under 100 people: $5,000 for Non-IRT Members; $2,500 for IRT Members

Event Name: ________________________________________________________

Event Date: _________________________________________________________

Event Start/End Time: _______________________________________________

Proposed Venue: ____________________________________________________

Estimated Attendance: _______________________________________________

Please select method of payment below:

☐ Check Enclosed (payable to the American Society of Echocardiography in US Funds)

☐ VISA ☐ MasterCard ☐ AMEX

Name as it appears on card : ____________________________________________

Credit Card #: ___________________________ Expiration Date: ________________

Signature: ___________________________________________________________