



NMA 117th Annual Convention and Scientific Assembly Events Application

July 27 – July 31, 2019 • Hawaii Convention Center • Honolulu, HI

The National Medical Association (NMA) will allow events to be held (dependent upon space available) at the Hilton Hawaiian Village.

Organizations must complete one application for the duration of their event and receive written approval from NMA before contact information is provided for the facility. The *duration of a private event* is described as the same activity that will occur over different dates and times. If an event occurs during the NMA Convention and Scientific Assembly that has not received written approval from NMA, this infraction will result in a loss of exhibiting privileges for the company in violation, and the company may be fined up to \$25,000 per non-approved event. Exhibiting organizations are responsible for ensuring that their company representatives/agents adhere to the rules and regulations outlined in the NMA Exhibitor Prospectus.

Events Eligible for Approval:

Hospitality Suite:	Hospitality Suites are used to greet invited attendees and/or provide a hospitality lounge. Invitation is only from the event holder.
Investigator Meeting:	Investigator Meetings provide an opportunity to network and share private conversations for up to 10 persons not applicable on the exhibit floor.
Social Events:	Events, such as receptions, meet & greets, and dinners that do not contain educational content.

***An event cannot be held while NMA meetings are in session (refer to permissible times below).**

Sunday, July 28:	<input type="checkbox"/> 5:00 am – 7:00 am	7:00 – 8:00 pm	<input type="checkbox"/>
Monday, July 29:	<input type="checkbox"/> 5:00 am – 7:00 am	5:00 – 6:00 pm	<input type="checkbox"/>
Tuesday, July 30:	<input type="checkbox"/> 5:00 am – 7:00 am	5:00 – 6:00 pm	<input type="checkbox"/>

Please complete ONE application for EACH *duration of event*. Make copies as needed. Payment must be included with application. Application must be received no later than July 1, 2019.

Any questions phone **Kathleen Lawrence**: (856) 302- 0893 • Email: kathleen_lawrence@AFassanoCo.om

Events Application

Please complete the following application

Exhibiting Organization: _____

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

<input type="checkbox"/> Hospitality Suite:	Exhibiting Company: \$1000 Non-Exhibiting Company: \$10,000 (suites are available from Sunday-Tuesday; reduced fees are not available if suite is not needed for this duration)
<input type="checkbox"/> Investigator Meeting:	Exhibiting Company: \$500 application fee; no more than 10-12 people Non-Exhibiting Company: \$1000 application fee; no more than 10-12 people
<input type="checkbox"/> Social Events:	Exhibiting Company: \$500 application fee Non-Exhibiting Company: \$1000 application fee

Event Name : _____

Event Date: _____

Event Start/End Time: _____

Proposed Venue: _____

Estimated Attendance: _____

Please select method of payment below:

Check Enclosed (*payable to the National Medical Association in US Funds*)
NMA Tax ID No. 53-6010805



Email ONLY TO: processing@AFassanoCo.com

USING ONLY THIS encryption-forcing subject line: [Confidential] NMA 2018 Events Application

VISA MasterCard AMEX

Name as it appears on card: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____