The 2nd Annual Echo ASE ASEAN  
Satellite Events Application

October 21-23, 2016 • Conrad Bangkok • Bangkok, Thailand

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

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 Echo ASE ASEAN meeting 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.

**Satellite Events Eligible for Approval:**

|  |  |
| --- | --- |
| **Investigator Meetings:** | Investigator Meetings provide an opportunity for investigators to network and share the latest scientific data on clinical trials. |
| **Social Events:** | Events, such as receptions, meet & greets, and dinners that do not contain educational content. |
| **Staff Meeting Events:** | Events in which exhibiting organization holds internal staff/training meetings. |
| **Symposia Events:** | Events that offer continuing medical education (CME) or provide education content |

**\*The event cannot be held while ASE meetings are in session (refer to permissible times below).**

Friday, October 21: 6:30 am – 7:30 am or after 5:00 pm  
Saturday, October 22: 7:00 am – 8:00 am or after 5:30 pm  
Sunday, October 23: 7:00 am – 8:00 am or after 3:00 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 September 15, 2016.

**Please return completed application to:**

American Society of Echocardiography

ATTN: Andie Piddington

2100 Gateway Centre Blvd., Suite 310, Morrisville, NC 27560

Phone: (919) 297- 7151• Fax: (919) 882-9900 • Email: apiddington@asecho.org

Satellite 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*

|  |  |
| --- | --- |
| ** 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*:** $5,000 for Non-IRT Members; $2,500 for IRT Members  ***Under 100 people***: $2,500 for Non-IRT Members; $1,250 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: | |  | | | |