



## **ASRS Affiliate Meeting Approval Form**

This form may be used to request approval for **closed** meetings held in conjunction with the ASRS 39<sup>th</sup> Annual Meeting. Upon approval of your request, you may contract space and secure any needs for your meeting. **If you are requesting space for a satellite symposium, please complete the Satellite Symposia Application.**

**Before completing this form, please carefully review the following guidelines for affiliate meetings and events:**

- If inviting ASRS attendees to your meeting, it must be held during a time that does not conflict with ASRS hosted events. Please refer to our blackout dates and times below. Restrictions and additional fees may apply if ASRS attendees are invited.
- All meetings/events affecting attendees within one week of the Annual Meeting must be reviewed and approved through the application process before promotion and implementation can occur. This applies to all events whether they are being held at ASRS-contracted facilities or otherwise.
- Meeting space at the JW Marriott San Antonio Hill Country will be assigned based on availability. Booking meeting space at an off-site venue is permitted upon approval of your meeting request.
- Meeting space may be subject to rental fees and/or food and beverage minimums.
- Affiliate/exhibitor is responsible for all expenses related to the meeting

**The following dates/times are off-limits for inviting ASRS attendees to events:\***

Friday, October 8 - 6:00pm-10:00pm  
Saturday, October 9 - 7:30am – 6:00pm  
Sunday, October 10 - 7:30am – 6:00pm  
Monday, October 11 - 7:30am – midnight  
Tuesday, October 12 – 7:30am – noon

*\*The above dates and times are subject to change*

## ASRS Affiliate Meeting Approval Form

Please complete one form per meeting request

### COMPANY INFORMATION

Company name	
Contact name	
Address	
City, state, zip	
Email Address	
Phone	
Today's date	

### EVENT INFORMATION

Type of meeting	
Meeting purpose	
Attendees invited (internal staff, physicians, etc.)	
Number of attendees	
Date(s)	
Time(s)	

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Authorized Signature\*

Print Name

Date

*\*I agree to the rules and regulations stated on page 1 of this document.*

Please return your completed form to Sam Zerang at [sam.zerang@asrs.org](mailto:sam.zerang@asrs.org)