

ASE 30th Annual Scientific Sessions Satellite Events Application

June 21–25, 2019 • Oregon Convention Center • Portland, OR

ASE will allow events to be held (dependent upon space available) at the Oregon Convention Center, Courtyard by Marriott Portland City Center, Hilton Portland Downtown, Hotel Eastlund, Portland Marriott City Center, The Benson, The Duniway, The Nines, and the Paramount Hotel.

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:

Hospitality Suite:	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.
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

***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 21:	<input type="checkbox"/> 8:00 am – 1:00 pm	or	<input type="checkbox"/> after 7:00 pm
Saturday, June 22:	<input type="checkbox"/> 5:00 am – 7:00 am	or	<input type="checkbox"/> after 7:00 pm
Sunday, June 23:	<input type="checkbox"/> 5:00 am – 7:00 am	or	<input type="checkbox"/> after 7:00 pm*
Monday, June 24:	<input type="checkbox"/> 5:00 am – 7:00 am	or	<input type="checkbox"/> after 7:00 pm*
Tuesday, June 25:	<input type="checkbox"/> 5:00 am – 7:00 am	or	<input type="checkbox"/> after 12:00 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 May 22, 2018.

Please return completed application to:

American Society of Echocardiography
ATTN: Kelly Joy
2530 Meridian Parkway, Suite 450 Durham, NC 27713
Phone: (919) 297- 7177 • Fax: (919) 882-9900 • Email: kjoy@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

<input type="checkbox"/> Hospitality Suite:	\$8,000 (suites are available from Saturday-Tuesday; reduced fees are not available if suite is not needed for this duration)
<input type="checkbox"/> Investigator Meetings:	\$250 application fee for Non-IRT Members; \$150 application fee for IRT Members
<input type="checkbox"/> Social Events:	\$250 application fee for Non-IRT Members; \$150 application fee for IRT Members
<input type="checkbox"/> Staff Meeting Events:	\$250 application fee for Non-IRT Members; \$150 application fee for IRT Members
<input type="checkbox"/> 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: _____