

*Request Forms are due by **September 25, 2017** to be included in the registration brochure.*

**NON-CE PROGRAM\***

- Breakfast– Thursday & Friday, May 3<sup>rd</sup> & 4<sup>th</sup> (\$40,000) 90 minutes
- Lunch– Wednesday & Thursday, May 2<sup>nd</sup> & May 3<sup>rd</sup> (\$30,000\*\*) 60 minutes
- Dinners – Wednesday thru Friday May 2<sup>nd</sup> - 4<sup>th</sup> ( \$40,000) 90 minutes

Note that every effort will be made to accommodate your preference. Additionally, any or all of the preferred times may be concurrent with other Non-CE program. \*Times are subject to change.

**Supporting Organization Name:** \_\_\_\_\_

**Title of Program:** \_\_\_\_\_

For use in ASPHO meeting materials -*please submit a company logo and a 50-word description of the program electronically to [rpfrey@aspho.org](mailto:rpfrey@aspho.org) with request form.*

**Contact information:**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date received: \_\_\_\_\_ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons:  Topic Not Appropriate for audience  Requested time slot not available

**Payment information:** You may pay by check or credit card (3% service charge will be added to the total for credit card payments).

Amount \$ \_\_\_\_\_ USD  Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Signature: \_\_\_\_\_