Association Of Extremity Nerve Surgeons

2019 SPONSOR OPPORTUNITIES

AENS values the support of its sponsors to develop quality programs & advance nerve education. Your support makes a difference.

ANNUAL SYMPOSIUM - average attendance: 85

November 8-10, 2019	Renaissance Concourse Atlanta Hotel	Atlanta, GA
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O \$950			rogram- <i>optional,</i> digital attendee list id/press release post conference to a	lunch for 2 reps., inclusion for Friday Reception II attendees.	on &	
O \$500			M OR Saturday PM nal) in attendee tote bags (vendor pr	ovides)		
O \$1500	Friday Reception Supporter Signage, program listing, distribute brochures (optional) at reception/in attendee tote bags. (vendor provides)					
O \$2,000	Lunch Supporter 10 minute introduction at ever	nt, program listin	g, signage, attendee list and lunch fo	r 2 reps.		
O \$4,000	• • • • • • • • • • • • • • • • • • • •		oorter can be partnered between ble at event, attendee list, signage, p	•		
O \$5,000	Unrestricted Grant Program Sponsor: Contact AENS for details – <u>info@aens.us</u> or 888-708-9575.					
	NTAL PERIPHERAL NI 3, 2019 Renaissance Conco		GICAL COURSE - average Hotel Atlanta, GA	attendance: 20		
O \$2,000 (or a	ost) Dinner Sponsor w/ Introdu	ction (faculty &	attendees)			
O \$10,000	Unrestricted Grant Prog	ram Sponsor	: Contact AENS for details – info@ae	<u>ns.us</u> or 888-708-9575.		
*Custom sponso	orships available. This is a 3 day	course includir	ng cadaveric lab. Workshop can be	CME or Non-CME. Attendee list provided		
O \$1,500 (or o	ENS Unrestricted Gra	_	Sponsor: Contact AENS for details	– <u>info@aens.us</u> or 888-708-9575.		
O \$	The Foundation supports perip questions visit <u>www.aens.us</u> (F	oheral nerve reso oundation tab) (earch & a medical mission to Ecuado OR contact the AENS office at 888-70	r. The ENRF is a 501(c)3 non-profit entity. For 8-9575/info@aens.us. Tax deductible receipt r donation, contact info@aens.us.*	s provided	
SPONSOR I	INFORMATION					
Com	npany Name:		Contact:		-	
Ema	nil:		Phone:	Fax:	-	
Ons	ite Contact:		Onsite Contact Email:			
PAYMENT	INFORMATION			Total Payment: \$		
	MasterCard	■ AMEX	☐ Check Mailed (payable to	o AENS) (#, Date:)	
Card	d #:		Exp. Date:	Sec. Code:		
Nan	ne on Card:		Cardholder Signature:		,	
Rillir	ng Δddress:		City	State: 7in:		

THANK YOU FOR YOUR SUPPORT OF ADVANCING NERVE TREATMENT!

All confirmations will be sent via email from Authorize.net/AENS.