



**American Headache Society®  
61<sup>st</sup> Annual Scientific Meeting  
July 11- July,14, 2019**

**Pennsylvania Convention Center • Philadelphia, PA  
INDUSTRY-SUPPORTED EVENT REQUEST FORM**

Completed applications are due no later than Friday, March 15, 2019

There are five (5) available session times for the Annual Scientific Meeting.

Day	Date	Time
Thursday	July 11, 2019	6:30 am – 8:00 am
Thursday	July 11, 2019	12:30 pm – 2:00 pm
Thursday	July 11, 2019	6:30 pm – 8:00pm
Friday	July 12, 2019	5:00 pm – 6:30 pm
Saturday	July 13, 2019	6:30 am – 8:00 am

Please complete all sections. **Incomplete forms will NOT be processed.** All requests for Industry-Supported Events must be submitted no later than Friday, March 15, 2019.

Note: Depending on the number of industry-supported event applications received, it may be necessary to schedule these events concurrently. This will be advised in your confirmation should your event be accepted.

**Event Type:**     NON-CME Event (60 minutes)                       CME Session (90 minutes)

**Will CME be offered?**    Yes     No

**Session Length & Pricing:**    60 minutes (\$25,000)                       90 minutes (\$35,000)

Please note that the contact person on the request form will be the only individual AHS staff and hotel staff will communicate with during the pre-planning process as well as onsite for your event/meeting. Please be sure to keep this in mind when completing the form.

***Please print legibly***

One (1) person must be appointed as liaison to the American Headache Society®. We are unable to accept instruction, direction, inquiries or likewise from any person(s), company(ies), or agent(s) other than the person named below.

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

**Signature of Liaison** \_\_\_\_\_ **Date** \_\_\_\_\_

Title/Position \_\_\_\_\_

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Non-CME Event       CME Session

*If CME is being offered, please provide the following information:*

**CME PROVIDER INFORMATION (to be submitted by CME Accreditor)**

Title of Function: \_\_\_\_\_

CME Provider: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Signature of CME Provider Contact \_\_\_\_\_ Date \_\_\_\_\_

Title/Position \_\_\_\_\_

**SOURCE FOR INDUSTRY-SUPPORTED FUNDING FOR THIS PROGRAM**

Industry: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Session Title: \_\_\_\_\_

1st Choice date: \_\_\_\_\_

Time: \_\_\_\_\_

2<sup>nd</sup> Choice date: \_\_\_\_\_

Time: \_\_\_\_\_

3<sup>rd</sup> Choice date: \_\_\_\_\_

Time: \_\_\_\_\_

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Non-CME Event  CME Session

Session Description (75 words or less): \_\_\_\_\_

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Please Provide Session Chair(s) below:

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Signature of CME Chair \_\_\_\_\_

Date \_\_\_\_\_

Title/Position \_\_\_\_\_

**Proposed teaching methods (check all that apply):**

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> lecture | <input type="checkbox"/> interactive       | <input type="checkbox"/> case studies           |
| <input type="checkbox"/> debate  | <input type="checkbox"/> hands-on workshop | <input type="checkbox"/> other (please explain) |
| <input type="checkbox"/> slides  | <input type="checkbox"/> panel discussion  |   |

**Please provide Program Agenda and presenter/speaker information in separate document. The AHS must receive program title, description and proposed speakers, along with the program agenda no later than March 15, 2019.**

***NOTIFICATIONS WILL BE EMAILED TO ALL APPLICANTS BY APRIL 15, 2019***

**Please submit completed form and all required attachments to:**

American Headache Society®  
Industry-Supported Event  
19 Mantua Road, Mt. Royal, NJ 08061  
Telephone: 856-423-0043 / Fax: 856-423-0082  
Email: [ahshq@talley.com](mailto:ahshq@talley.com)