



American Headache Society®  
60<sup>th</sup> Annual Scientific Meeting  
June 28-July,1, 2018  
San Francisco Marriott Marquis  
San Francisco, CA

**INDUSTRY-SUPPORTED EVENT REQUEST FORM**

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

Day	Date	Time
Thursday	June 28, 2018	6:30 am – 8:00 am
Thursday	June 28, 2018	12:30 pm – 2:00 pm
Thursday	June 28, 2018	6:30 pm – 8:00pm
Friday	June 29, 2018	5:00 pm – 6:30 pm
Saturday	June 30, 2018	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 (date needed).

**Event Type:**

- Product Theater (60 minutes)  
 Satellite Symposium (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** \_\_\_\_\_

*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: \_\_\_\_\_

1<sup>st</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

3<sup>rd</sup> choice date: \_\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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*Please Provide Session Chair(s) below:*

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Signature of Satellite 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 2, 2018.**

***NOTIFICATIONS WILL BE EMAILED TO ALL APPLICANTS BY MARCH 30, 2018***

**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)