



**American Headache Society®
62nd Annual Scientific Meeting
June 4 – June 7, 2020**

**Marriott Marquis San Diego Marina • San Diego, CA
INDUSTRY-SUPPORTED EVENT REQUEST FORM**

Completed applications are due no later than Friday, March 20, 2020

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

Day	Date	Time
Thursday	June 4, 2020	6:30 am – 8:00 am
Thursday	June 4, 2020	12:30 pm – 2:00 pm
Thursday	June 4, 2020	7:30 pm – 9:00pm
Friday	June 5, 2020	5:45 pm – 7:15 pm
Saturday	June 6, 2020	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 20, 2020.**

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: _____

2nd Choice date: _____

Time: _____

3rd Choice date: _____

Time: _____

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Non-CME Event CME Session

Session Description (75 words or less): _____

Please Provide Session Chair(s) below:

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 20, 2020.

NOTIFICATIONS WILL BE EMAILED TO ALL APPLICANTS BY APRIL 20, 2020

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