

## Pre-Show List Opportunity

We are offering you a chance to reach those who are pre-registered for the 2019 Annual Assembly! This is a prime opportunity to introduce your organization to this influential market before the conference and plan to make personal contact with them on-site. Here is a perfect way to ask the attendees to stop at your display or visit your Showcase or Symposium.

To order your list, just complete the order form below and return it before **February 7, 2020** along with a sample of the mailing and full payment of **\$625** to:

American Academy of Hospice and Palliative Medicine  
Attn: Allison Whitley  
8735 W Higgins Rd., Suite 300  
Chicago, IL 60631  
[awhitley@aaahpm.org](mailto:awhitley@aaahpm.org)  
847.375.3673, Fax: 888.374.7259

*(Please Print)*

Organization: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check Enclosed (payable to AAHPM)      Check Number: \_\_\_\_\_

Credit Card:     MasterCard       Visa       American Express       Discover

Name on Card (please print): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**NOTE: AAHPM must receive a sample of the mailing before we send the list.** Enclose payment with a sample of the mailing. The list will come in excel format, will include **names and postal mailing addresses only**, and will be sent to you via e-mail. **The list is for single use only.**

Cancellation Policy: In the event that the advertiser notifies the Association in writing of the intent to cancel the agreement after acceptance but prior to the list being provided, a full refund of monies received, minus a \$250 administrative fee will be made. If full payment is not received prior to the agreed upon distribution date, the list will not be provided.