

19th Annual Current Concepts in Men's Health

August 13-15, 2021 • Courtyard Marriott Saratoga Springs • Saratoga Springs, NY

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INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

Exact Title of Symposium _____ Name of Accrediting Organization _____

Sponsoring Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Brief Description of Symposia Topics and Proposed Faculty:

* Symposium acceptance is subject to final approval by the CCMH Scientific Program Committee

FUNCTION TYPE (check one) Breakfast \$15,000 Lunch \$25,000 Dinner \$35,000

SELECT SPECIFIC DAY, DATE AND TIME SLOT BELOW

Friday, August 13

- 12:10 pm – 1:31 pm Lunch
- 6:00 pm – 8:30 pm Dinner

Saturday, August 14

- 6:30 am – 8:00 am Breakfast
- 12:30 pm – 1:30 pm Lunch

Sunday, August 15

- 6:30 am – 8:00 am Breakfast

Once space has been assigned and confirmed by UNNY you will be put in direct contact with our meeting staff. Catering will be sponsored by the UNNY and a basic AV set is included in the fee. Each sponsor is responsible for all additional charges to the facility. By signing below you are authorizing UNNY to charge the total fee indicated on this form to your credit card.

Signature _____

Date _____

PAYMENT METHOD: PLEASE NOTE, CHECKS OR WIRE TRANSFERS ARE NOT ACCEPTED FOR THIS MEETING

We can only accept credit card payments at this time. If including credit card information on exhibit and sponsor agreements you must send via secure fax: 978-524-0461. Please **DO NOT EMAIL**.



Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____