Industry Event Application

This application is required for any exhibiting company hosting an event for meeting attendees off-site. The AADSM must receive this application, fully completed by March 3, 2025.



EVENT INFORMATION

Name of Event:					
Name of Company(s) Hosting Event:					
Event Location:					
Number of Anticipated Attendees:					
Thursday, May 15, 2025	Start Time: (after 5:30pm)	End Time:			
Friday, May 16, 2025	Start Time: (after 5:30pm)	End Time:			
Saturday, May 17, 2025	Start Time: (after 5:30pm)	End Time:			

Make your selection.

Yes, I wish to receive promotion benefits from the AADSM to advertise my event to meeting attendees. (Fee: \$2,500)

No, I do not wish to receive promotion benefits from the AADSM. (No cost)

If you selected "Yes" above, provide payment information below before submitting this application to the AADSM.

PAYMENT INFORMATION FOR PROMOTIONAL OPPORTUNITIES:

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Please charge me the non-refundable fee of \$2,500 to receive promotion benefits						
*For a full list of promotional benefits, please see the 2025 Sponsorship Guide.						
GRAND TOTAL:						
Select payment method:						
Personal Check or Money Order* or Credit Card: (Check One) Visa MasterCard Discover American Express						
Important: We will call the number provided to collect payment information.		ation.	Phone:			
Billing Zip Code:	Exp. Date:		Validation Code: **			
Name on Card:		Signature:				
* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.						
** For VISA, MasterCard, or Discover, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.						

PLEASE SUBMIT THIS FORM TO:

AADSM Attn: Megan Scanlan 901 Warrenville Rd., Suite 180

Lisle, IL 60532

Phone: (630) 686-9874 **Fax:** (630) 686-9876

Email: mscanlan@aadsm.org