



North America * Central America * South America

Corporate Alliance Application

The Americas Hernia Society (AHS) Corporate Alliance (CA) is a group of manufacturers who provide service and/or materials to assist professionals in the diagnosis or treatment of disorders of the abdominal wall. The Corporate Alliance is committed to supporting scientific programs of the organization.

In order to become a Corporate Alliance member, companies must submit an application and be approved by the AHS Board of Directors. One representative, from each Corporate Alliance company, will be the point of contact for all AHS CA communications. It is the job of the representative to forward all correspondence to others in your company. Your company representative will attend all Corporate Alliance board meetings. During your companies CA chair year, the company representative has a one year seat on the AHS Board. This position rotates each year between the participating companies in the Corporate Alliance. There are a number of benefits afforded to Corporate Alliance members, to include:

- Recognition on the AHS website with a link to your industry website.
- Exhibit booth priority and discounted exhibit booth fees for the annual AHS Annual meeting
- Breakfast & Learn and Lunch & Learn selection priority during the annual AHS meeting
- Meeting pre-registration list for promotion
- Inclusion in the priority sponsorship rotation for the annual AHS meeting, to include: meeting bags, program book support, lanyards, hotel key cards, banners and more.
- An opportunity for one seat on the AHS Board of Directors, as elected by the Corporate Alliance members.

Corporate Alliance Fees:

\$25,000 initial joining fee

\$15,000 3-year renewal fee

Representative Signature

By signing as the company representative, I agree to the terms of the Corporate Alliance Membership.

Company			
Company Representative (all CA correspondence will go to this person)		Representative's Email	
Address			
City	State	Zip	Country
Phone		Total Payment	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card #		Expiration Date	Name on Card
Billing Address: If different from above			

Questions: Contact Nicole Goddard - Nicole@americanherniasociety.org or 303-567-7899