



All giveaways for Spine Across the Sea 2009 must be submitted to NASS by **June 26, 2009**, using this form or in writing accompanied by a sample. Exhibitors receiving space assignments after February 20, 2009, must request giveaway approval as quickly as possible.

Direct any questions to Rick Bacon at (630) 230-3662 or by fax (630) 230-3708. NASS may withhold or withdraw permission to distribute gifts, souvenirs, advertising or other materials considered inappropriate. NASS has adopted guidelines derived from the American Medical Association governing gifts to physicians from the industry, as well as the AdvaMed Guidelines, and the Pharmaceutical Research and Manufacturers of America (PhRMA). Exhibitors are required to comply with these guidelines. Other than medical textbooks or anatomical models used for educational purposes, any such item should have a fair market value of less than \$100. A Company may not provide items that are capable of use by the Health Care Professional (or his or her family members, office staff or friends) for non-educational or non-patient-related purposes, for example, a DVD player or MP3 player/I-Pod. A Company may not give Health Care Professionals any type of non-educational branded promotional items, even if the item is of minimal value and related to the Health Care Professional's work or for the benefit of patients. Examples of non-educational branded promotional items include pens, notepads, mugs, and other items that have a Company's name, logo, or the name or logo of one of its Medical Technologies. Small catering items, coffee, candy etc. are approvable. For questionable giveaway items, send an electronic image of the item with this form to be submitted by June 26, 2009. NASS will request the removal of unapproved items.

List all non-product item(s) requiring approval to be distributed:

1. _____
2. _____
3. _____

Please e-mail this form and attach a picture of the item to rbacon@spine.org by 6/26/09.

Company Name: _____ Booth# _____

Submitted by: _____

Phone: _____ Fax: _____

For NASS use only:	Approval: ___ yes	___ no
By: _____	Date: _____	
Comments:		