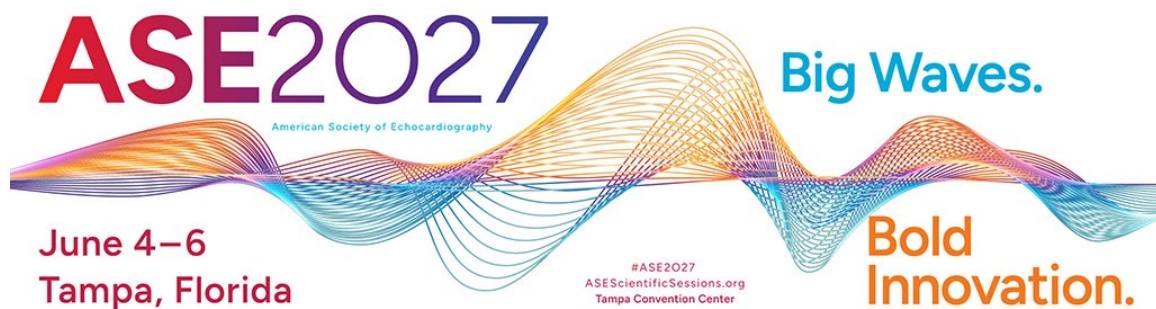




**ASE 2027 Scientific Sessions
In-Conjunction With (ICW) Events Application**
June 4-6, 2027 • Tampa Convention Center • Tampa, FL

GUIDELINES – APPLICATIONS WILL BE ACCEPTED UNTIL MAY 15, 2027

ASE will approve in-conjunction with (ICW) meetings and events to be held, provided organizations adhere to the ICW Events Guidelines and Submission Process outlined below. By submitting an ICW Events Application Form, the applying organization takes responsibility for ensuring their organization representatives, agents and guests adhere to the rules and regulations outlined in the 2027 ASE Exhibitor Prospectus and the Guidelines set forth below regarding ICW Events. For any questions related to this application, please contact [Olivia Philippone](#) at 856-344-9040..

1. ICW Events planned to take place between Thursday, June 3, 2027, to Monday, June 7, 2027, require an ICW Events Application Form to be submitted no later than May 15, 2027.
2. Marketing or promotional materials associated with the Event require ASE approval prior to printing and distribution.
3. The Event must be approved by ASE. ASE is not responsible for securing function space or any details pertaining to the event. Once the event is approved, the organization is responsible for all details and ASE is not held liable for any charges associated with the offsite event. All charges and details of the offsite event are the sole responsibility of the organization.
4. Payment must be received prior to contacting venues or vendors to begin planning. Once your application has been approved, you will receive a link to submit payment.
5. Once the event is approved, payment will be processed, and a Letter of Approval will be emailed to the Organization Contact. A copy of the Letter of Approval must be sent to the location and/or venue when requesting function space. All communications and planning from that point on will be between the organization and the location and/or venue. All charges associated with the event are the sole responsibility of your organization.
6. Cancellations must be received in writing. No refunds will be issued for cancellation of the event.
7. If an event occurs during the ASE 2027 Scientific Sessions that has not received prior written approval from ASE or is a different category from what was indicated on the application form, the organization in violation may lose exhibiting privileges, and/or be fined up to the amount equivalent to the correct event category type or \$5,000, whichever is greater.
8. Agencies and third-party planners must identify the host organization for which they are submitting a request.

NOTE: Prior year approval and/or any discounts applied do not automatically guarantee approval or reduced rates for a similar application at this year's event. ASE 2027 representatives may visit the event, without advance notice, to ensure the organization is adhering to the event format/type applied for as well as the guidelines outlined in this application.

ICW EVENT FEE	DESCRIPTION & REQUIREMENTS
ICW EVENTS \$500	Events, such as receptions, meet & greets, and dinners that do not contain educational content (such as presentations or demos). <i>These events are restricted to the schedule below, regardless of the number of attendees*.</i>

***ICW EVENT TIME RESTRICTIONS**

These time restrictions are in place to ensure that large events are not scheduled in conflict with ASE 2026 Scientific Sessions program or events. ASE 2026 Faculty are not available for events on Sunday evening.

Thursday, June 3, 2027	No Time Restrictions
Friday, June 4, 2027	After 6:00 PM ONLY
Saturday, June 5, 2027	After 6:00 PM ONLY
Sunday, June 6, 2027	After 2:00 PM ONLY
Monday, June 7, 2027	No time restrictions.

Please complete ONE form for EACH desired event. You must receive a Letter of Approval **and** submit payment before contacting a location and/or venue.

By completing this form, the organization agrees to adhere to the ICW Events Application Guidelines and Procedures as stated above.

Organization: _____

Event Contact/Organizer: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____
Street Address

City *State* *ZIP Code*

On-Site Contact: _____

On-Site Cell Phone: _____

Please complete ICW Event information below.

Event Name: _____

Event Date: _____

Event Start/End Time: _____

Proposed Location and/or Venue: _____

Estimate Attendance: _____

Description of Event: _____

Will you have marketing or promotional material: ☐ Yes ☐ No

Any marketing or promotional material for ICW Events must be pre-approved by ASE.

Signature: _____