PRODUCT DESCRIPTION FORM

PLEASE FILL OUT AND RETURN BY **Friday, August 24, 2018**

Company Name: _____

Contact Name: _____

Telephone: _____   FAX: _____

Email: _____

Web Address: _____

PROGRAM BOOK LISTING

Please email a 50-word product description to industry@spuonline.org to be included in the Program Guide and Mobile App. When emailing the description please include the following:

1.   "SPU" in the subject line of your email
2.   Company Name
3.   Mailing Address
4.   Appropriate contact email address
5.   Company website address
6.   Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

EXHIBITOR GIVEAWAY

Please make sure all "give-aways" are items that can be found in a health care provider's office and are compliant with your company's internal regulations and AdvaMed or PhRMA guidelines.

Please submit this form on or before the August 24, 2018 deadline.