



Sponsorship Prospectus 2026

2ND ANNUAL SCIENTIFIC MEETING ON POST-SURGICAL PAIN

December 5-6, 2026
Tampa, Florida



www.postsurgicalpain.org

info@postsurgicalpain.org

3606 W Swann Ave
Tampa, FL 33609

WELCOME

On behalf of the leadership of the American Society for Post-Surgical Pain (ASPSP), we are pleased to welcome you to the **2nd Annual Scientific Meeting on Post-Surgical Pain**, taking place **December 5–6, 2026, in Tampa, Florida**.

We appreciate your interest in supporting this educational program and your partnership in advancing the science and clinical practice of post-surgical pain management.

About ASPSP

The American Society for Post-Surgical Pain (ASPSP) is a physician-led, nonprofit professional organization dedicated to advancing education, clinical collaboration, and evidence-based standards in the management of acute, sub-acute, and chronic post-surgical pain. Founded by clinicians practicing in anesthesiology, surgery, and pain medicine, the Society's mission is to improve patient outcomes through scientific knowledge exchange, structured education, and interdisciplinary engagement.

About the Annual Scientific Meeting

The ASPSP Annual Scientific Meeting is the Society's primary educational program and largest scientific event of the year. It is designed to provide balanced, clinically relevant education for physicians, advanced practice providers, and allied healthcare professionals involved in perioperative and post-surgical pain care.

The program integrates didactic lectures with hands-on ultrasound-guided procedural workshops within a single unified educational curriculum. Registration includes access to all educational components of the meeting. Workshops are incorporated into the core program structure and are not offered as optional add-ons. Student attendees may observe workshop sessions for educational purposes.

Educational content, speaker selection, and program design are developed and overseen by ASPSP leadership and faculty to ensure scientific integrity, clinical independence, and alignment with accredited continuing medical education standards. Commercial support and exhibits are organized separately from educational activities in accordance with applicable CME and compliance guidelines.

For 2026, ASPSP anticipates an attendance of approximately 70 to 100 participants and up to 14 AMA PRA Category 1 Credits™ (final accreditation pending). All CME activities will be administered in accordance with applicable accreditation and disclosure requirements.

Sincerely,

Arun Kalava, MD, EDRA

Chairman and Founder

American Society for Post-Surgical Pain



Sponsorship Opportunities

Technical and educational exhibits create a professional learning environment where physicians, advanced practice providers, nurses, and allied healthcare professionals can explore products and services, view demonstrations, and discuss their clinical applications in post-surgical pain management. These interactions highlight how new technologies and therapies can enhance patient care, improve outcomes, and support effective clinical practice.

Exhibits and sponsored sessions are designed to complement the educational program while remaining clearly separate from accredited CME activities, in accordance with applicable compliance and accreditation guidelines.

Don't see what you are looking for? Contact us and we would be happy to discuss additional opportunities.

Sponsorship Options

Opportunity	Fee	Fee Includes
Premier Exhibit Sponsorship	\$2,500	<ul style="list-style-type: none"> • One 6-ft exhibit table with chairs • Recognition on onsite signage and select event materials • Two industry registrations • Two sponsored email announcements to the ASPSP distribution list • Access to structured exhibitor hours and break periods
Meal Sponsorship with Presentation Opportunity	\$3,500 + food & beverage cost	<ul style="list-style-type: none"> • Presentation opportunity during selected meal period • A/V setup and technical support • Recognition on onsite signage and select event materials

Venue:

Le Méridien Tampa, The Courthouse

Available Meal Sponsorship Slots

Saturday Breakfast	Saturday Lunch	Sunday Breakfast	Sunday Lunch
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Food and beverage arrangements are coordinated directly between the sponsor and the venue's catering department.

Agreement & Payment

A signed sponsorship agreement is required to secure participation.

Payment and invoicing are administered through the attached **ASPSP Sponsorship Commitment & Payment Agreement**.

An invoice or secure payment link will be issued upon receipt of the signed agreement.

Accepted payment methods:

Check, ACH / bank transfer, or credit card (processing fee applies)

Payment is due no later than 30 days prior to the meeting.

Contact

info@postsurgicalpain.org



Annual Scientific Meeting on Post-Surgical Pain

December 5-6, 2026 | Tampa, FL, USA

Program Agenda: Saturday, December 5, 2026

Time	Topic	Presenter
7:30 - 8:00 AM	Registration Visit Exhibitors	
Session 1		
8:00 - 8:10 AM	Welcome & Chairman's Address	Arun Kalava, MD
8:10 - 9:00 AM	Keynote Speaker: What It Takes to Survive a Catastrophic Accident: A Real-Life Story	Mike Atherton
9:00 - 09:40 AM	Pathophysiology of Post-Surgical Pain	Kesava Mandalaneni MD
09:40 - 10:20 AM	Cryoneurolysis for Acute Post-Surgical Pain Management: Current Evidence	TBD
10:20 - 10:30	Break: Visit Vendors	
10:30 - 11:10 AM	Peripheral Nerve Catheters and Long-Acting Local Anesthetics: Where are we heading?	DJ Warfield
11:10 - 12:00 PM	Advances in Post-Surgical Pain Management in Pediatrics	Aysha Hasan, MD
11:50 - 12:00 PM	Q & A	
12:00 - 1:00 PM	Sponsored Lunch Visit Exhibitors Pain Medicine Marketing- Nick Ryan	

Workshop Agenda - Saturday, December 5, 2026

Time	Workshop: Ultrasound Guided Essential Nerve Blocks (Acute Pain Series)
1:00 - 3:00 PM	<ul style="list-style-type: none"> • Upper Extremity (Interscalene, Supraclavicular, Infraclavicular & Axillary) • Thoracic Wall (PECS, Serratus Anterior, Erector Spinae, Pecto-Intercostal) • <i>Faculty: Aysha Hasan, MD, Dennis J. Warfield, MD, Arun Kalava, MD</i>
3:15 - 3:30 PM	Visit Exhibitors
3:30 - 5:00 PM	<ul style="list-style-type: none"> • Abdominal Wall (Subcostal TAP, Rectus sheath, QL, Classical TAP) • Lower Extremity (Femoral, PENG, Saphenous & Sciatic)



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Program Agenda - Sunday, December 6, 2026

Time	Topic	Presenter
Session 6		
7:30 - 8:00 AM	Registration Visit Exhibitors	
8:00 - 8:10 AM	Welcome/Announcements	Arun Kalava, MD
8:10 - 8:40 AM	Peripheral Nerve Stimulation & DRG for Chronic Post-Surgical Pain	Sam Nia MD
8:40 - 09:20	Is There a Role for Regenerative Medicine in Post-Surgical Pain Management?	Arun Kalava MD
Session 7		
09:20 - 10:00 AM	Complex Regional Pain Syndrome Treatments: What's New?	Arun Kalava MD
10:00 - 10:15 AM	Coffee Break Visit Exhibitors	
10:15 - 11:00 AM	Post-Surgical Management in Oncological Surgery	Leshawn Richards MD
Session 8		
11:00 - 11:30 AM	Physical Therapy, Occupational Therapy, Laser, & Acupuncture: Role of Non-invasive therapies in management of post-surgical pain	Trevor Trombley
11:30 - 12:00 PM	Ultrasound-Guided Cryoneurolysis Workshop	
12:00 - 1:00 PM	Sponsored Lunch Visit Exhibitors Best of Abstracts	



Workshop Agenda - Sunday, December 6, 2026

Time	Workshop: Ultrasound Guided Cryoneurolysis Workshop
1:00 - 2:30 PM	<ul style="list-style-type: none">• Head & Neck (Greater Occipital & Stellate Ganglion)• Upper Extremity (Suprascapular, Axillary, Median, Ulnar & Radial)
2:30 - 2:45 PM	Visit Exhibitors
2:45 - 4:00 PM	<ul style="list-style-type: none">• Truncal Blocks (Intercostal, Ilio-inguinal, Genitofemoral)• Pelvis & Lower Extremity (Pudendal, Lateral Fem Cutaneous, Femoral, Saphenous, Genicular, Sciatic, Sural, Superficial Peroneal)• <i>Faculty: Sam Nia, MD, DJ Warfield, Arun Kalava, MD</i>

ASPSP Sponsor Commitment & Payment Agreement

Annual Scientific Meeting | December 5-6, 2026 | Tampa, Florida



Company Name: _____

Primary Contact: _____

Title: _____

Email: _____

Phone: _____

Address: _____

City/State/ZIP: _____

Sponsorship Selection

Please check your selected option(s):

Premier Sponsorship – \$2,500

Includes 6-ft table with chairs, recognition on signage and event materials, two industry registrations, and two e-blasts.

Meal Sponsorship – \$3,500 + meal cost (select one)

Saturday Breakfast

Saturday Lunch

Sunday Breakfast

Sunday Lunch

Includes meal presentation opportunity, A/V setup, and recognition on event materials.

Total Sponsorship Amount: \$ _____

Payment Method

Check

ACH / Bank Transfer

Credit Card (+3.5% fee)

Payment is due 30 days before the event, whichever comes first. An invoice or secure payment link will be provided upon receipt of this signed form.

Make checks payable to:

American Society for Post-Surgical Pain

3606 W Swann Ave, Tampa, FL 33609

Agreement

By signing below, the sponsor agrees to the terms outlined in the ASPSP 2026 Sponsorship Prospectus and this agreement. All sponsors must adhere to conference, venue, and CME policies. Sponsorship commitments are non-refundable after November 1, 2026.

Authorized Sponsor Representative

Signature: _____

Printed Name: _____ Date: ____ / ____ / _____

Email completed form to: info@postsurgicalpain.org

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. American Society For Post Surgical Pain LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 2819 W Leila Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Tampa, FL 33611	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
8	7	-	2	2	8	1	3	8	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ January 1, 2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*