

Application for Distribution License CROSSWALK®/Reverse CROSSWALK®/Relative Value Guide®

Company Name			
Company Website			
Product Name(s)			
For each product, please provide addition	nal information - see A	ttachment.	
Address			
City	State	Zip Code	
Country			
Contact person			
Title			
Telephone	Fax		
E-mail			
Print Name			
Signature			
Title			
Date			
Mail email or fax completed applicat	ion including attachr	nent(s) with samples to	

pplication, including attachment(3) with sumples to.

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Schaumburg, IL 60173

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ATTACHMENT - PRODUCT INFORMATION

For each Prod	uct identified in the application, please provide the following:
1.	Product Name:
2.	Product Format (print, electronic media or Internet):
3.	Product Description (please provide sufficient detail, including how CROSSWALK, Reverse CROSSWALK, and/or Relative Value Guide will be used):
4.	List each ASA product–CROSSWALK, Reverse CROSSWALK, and/or Relative Value Guide–that will be used:
5.	Please attach sample pages and/or screen shots from the product (or an accurate "mock up") showing how CROSSWALK, Reverse CROSSWALK, and/or Relative Value Guide content will be used and displayed.
6.	Redistribution of CROSSWALK, Reverse CROSSWALK or Relative Value Guide content alone is not permitted. Describe the additional content that will be used in the product.
7.	Will your marketing or promotional materials refer to the ASA or CROSSWALK/Reverse CROSSWALK/Relative Value Guide?
8.	Target distribution date, or date of first distribution?
9.	Sales price of product
10.	Do you have a current distribution license agreement with the American Medical Association (or an authorized distributor of CPT®) for distribution of CPT in the above-referenced product(s)?