NESPS 28th Annual Meeting
October 20- 22, 2011
Ritz Carlton, Amelia Island, FL

Complete and return to:
NESPS- Yvonne Grunebaum
500 Cummings Center, Suite 4550,
Beverly, MA 01915 USA
Phone: 978-927-8330 / Fax: 978-524-0461
jgecawicz@prri.com

GRANT OPPORTUNITIES AGREEMENT FORM

_____
Exhibitor / Supporter

_____
Contact Title

_____
Address

_____
City/State/ Zip/Country

_____
Telephone Fax Email

Once the Northeastern Society of Plastic Surgeons receives your grant opportunities request form you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

Please select your support activities below:

EDUCATIONAL GRANT OPPORTUNITIES
☐ **Platinum Level** **$10,000**

MARKETING SUPPORT
☐ **Industry Supported Symposia** **$15,000**

CORPORATE SUPPORT
☐ **Hotel Keycards** **$5,000**
☐ **Coffee Break** **$3,000/day**
☐ **Internet Café** **$10,000**
☐ **Meeting Bags** **$5,000**
☐ **President's Banquet** **$30,000**
☐ **Welcome Reception / Poster** **$18,000**
☐ **Additional Marketing Support:**
☐ _____ **$**_____

PAYMENT METHOD
☐ **Check Amount Enclosed**: $_____

Credit Card ☐ American Express ☐ MasterCard ☐ Visa Amount to be charged: $_____

Card Number: _____ Expiration Date: _____ Sec Code: _____
(3-4 #s on back of card)

_____ _____
Name as it appears on the card Cardholder's Signature

❑ Please check if credit card billing address is same as contact information at the top of the form.
❑ If billing address is not the same please enter below.

_____ _____ _____
Company Name Street Address City/State/Postal Code /Country

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

_____ _____ _____
AUTHORIZED SIGNATURE **PRINT NAME** **TITLE**