



# Educational Opportunities

Northeastern Society of Plastic Surgeons  
29<sup>th</sup> Annual Meeting  
September 27-29, 2012  
Boston, MA



**NESPS 29<sup>th</sup> Annual Meeting**  
September 27- 29, 2012  
InterContinental, Boston, MA



**Complete and return to:**  
NESPS- Yvonne Grunebaum  
500 Cummings Center, Suite 4550,  
Beverly, MA 01915 USA  
Phone: 978-927-8330 / Fax: 978-524-0461  
[ygrunebaum@prri.com](mailto:ygrunebaum@prri.com)

## **EDUCATIONAL GRANT 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**

- Company Logo on website
- Dedicated acknowledgment at the Annual Meeting
- Recognition in Program Book

\*Educational Grant Support in compliance with ACCME does not include Exhibit Space

#### **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**