



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

Industry Supported Symposia

Sponsoring Company Name		Contact Name		
Address	City	State	Zip	Country
Phone	Fax	Email		

Brief Description of event:

REQUESTED DAY/DATE and TIME OF MEETING

- Thursday September, 27, 2012 7:30 pm – 9:30 pm
- Friday September 28, 2012 12:00 pm – 1:30 pm
- Friday September 28, 2012 7:00 pm – 9:00 pm

ROOM SET

- Classroom Podium
- Theater Head table # ppl_____
- Hollow Square U-shape
- Reception
- Banquet (rounds)

FUNCTION TYPE

Symposium \$15,000

EXPECTED ATTENDANCE: _____

Once space has been assigned and confirmed by NESPS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. You are responsible for all charges to the facility. Cancellations received before June 8th, the company will be liable for a 50% processing fee. For any cancellations received after June 8th, refunds will not be given.

PAYMENT INFORMATION

FEE DUE: \$ _____ Check amount enclosed: \$ _____

CREDIT CARD

Amount to be charged: \$ _____

 Credit Card Number Expiration Date Security Code

 Name as it appears on credit 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 different please enter below.

Complete and return to:

Northeastern Society of Plastic Surgeons
 500 Cummings Center, Suite 4550,
 Beverly, MA 01915 USA

Company Name

Street Address

City/State/Postal Code /Country