NESPS 34th Annual Meeting
September 8-10, 2017
The Newport Marriott Hotel, Newport, RI

Complete and return to:
500 Cummings Center, Suite 4400,
Beverly, MA 01915 USA
Phone: 978-927-8330 / Fax: 978-524-0461

CORPORATE MARKETING / ADVERTISING 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:

ADVERTISING / MARKETING OPPORTUNITIES

☐ **Industry Supported Symposia $15,000 for Lunch or Dinner and $10,000 for Breakfast (please fill out form on next page)**

CORPORATE SUPPORT OPPORTUNITIES

☐ **Coffee Break**	**$3,000/day**
☐ **Internet Café**	**$10,000**
☐ **Keycards**	**$5,000**
☐ **Meeting Bags**	**$5,000**
☐ **President's Banquet**	**$25,000**
☐ **Welcome & Poster Reception**	**$18,000**

PAYMENT METHOD: Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

☐ **Check Amount Enclosed**: $_____

☐ **Secure Fax**: + 978.524.0461 **This form must be faxed if credit card number is showing. DO NOT EMAIL.**

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

☐ **WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.**

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**

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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

❒ Friday, September 8, 2017	12:30 pm - 1:30 pm	Lunch	$15,000
❒ Friday, September 8, 2017	7:30 pm - 8:30 pm	Dinner	$15,000
❒ Saturday, September 9, 2017	7:00 am - 8:00 am	Breakfast	$10,000
❒ Sunday, September 10, 2017	7:00 am - 8:00 am	Breakfast	$10,000

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 July 15th, the company will be liable for a 50% processing fee. For any cancellations received after July 15th, refunds will not be given.

Authorized signature

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CREDIT CARD ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard **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.

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

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