

NESPS 35th Annual Meeting
October 26-28, 2018
The Renaissance Hotel, Boston, MA



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

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*

- | | | | |
|---|--------------------|-----------|----------|
| <input type="checkbox"/> Friday, October 26, 2018 | 12:30 pm - 1:30 pm | Lunch | \$10,000 |
| <input type="checkbox"/> Friday, October 26, 2018 | 7:30 pm - 8:30 pm | Dinner | \$10,000 |
| <input type="checkbox"/> Saturday, October 27, 2018 | 7:00 am - 8:00 am | Breakfast | \$5,000 |
| <input type="checkbox"/> Sunday, October 27, 2018 | 7:00 am - 8:00 am | Breakfast | \$5,000 |

*Schedule is subject to final program.

Once space has been assigned and confirmed by NESPS you will be put in direct contact with a catering representative. Catering, special set fees, electrical/telecommunications and labor are not included in the fee. A basic AV set is included. 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 _____

PAYMENT INFORMATION: 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:

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

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

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.

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

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