

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 | \$15,000 |
| <input type="checkbox"/> Friday, October 26, 2018 | 7:30 pm - 8:30 pm Dinner | \$15,000 |
| <input type="checkbox"/> Saturday, October 27, 2018 | 7:00 am - 8:00 am Breakfast | \$10,000 |
| <input type="checkbox"/> Sunday, October 27, 2018 | 7:00 am - 8:00 am Breakfast | \$10,000 |

*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, 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 _____

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.