NESPS 36th Annual Meeting
October 4-6, 2019
The Fairmont Hotel, Pittsburgh, PA

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*

❒ Friday, October 4, 2019	12:30 pm - 1:30 pm	Lunch	$10,000
❒ Friday, October 4, 2019	7:30 pm - 8:30 pm	Dinner	$10,000
❒ Saturday, October 5, 2019	7:00 am - 8:00 am	Breakfast	$5,000
❒ Sunday, October 5, 2019	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 June 7th, the company will be liable for a 50% processing fee. For any cancellations received after June 7th, 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 ☐ 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.

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

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