

**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:**

- |                                       |             |   |          |
|---------------------------------------|-------------|---|----------|
| <input type="checkbox"/> Coffee Break | \$3,000/day | <input type="checkbox"/> Women's Luncheon           | \$10,000 |
| <input type="checkbox"/> Keycards     | \$5,000     | <input type="checkbox"/> President's Banquet        | \$25,000 |
| <input type="checkbox"/> Meeting Bags | \$5,000     | <input type="checkbox"/> 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