

NESPS 38th Annual Meeting
September 10 – 12, 2021
Philadelphia, Pennsylvania



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, September 10, 2021 | 12:30 pm - 1:30 pm | Lunch | \$10,000 |
| <input type="checkbox"/> Friday, September 10, 2021 | 7:30 pm - 8:30 pm | Dinner | \$10,000 |
| <input type="checkbox"/> Saturday, September 11, 2021 | 7:00 am - 8:00 am | Breakfast | \$5,000 |
| <input type="checkbox"/> Sunday, September 11, 2021 | 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 May 7th, the company will be liable for a 50% processing fee. For any cancellations received after May 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    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.