

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:

- WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information
 Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

- Please check if credit card billing address is same as contact information at the top of the form.
 Billing address if different than above:

Once this application is received you will be sent a confirmation along with an online payment link.
