



EDUCATIONAL GRANT SUPPORT & MARKETING OPPORTUNITIES AGREEMENT FORM

Exhibitor / Supporter _____
 Contact: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____ Email: _____

Please complete and return form to Secure Fax: 978-524-0461

Please select your support activities below

ADVERTISING/MARKETING OPPORTUNITIES	EDUCATIONAL GRANT SUPPORT OPPORTUNITIES
<input type="checkbox"/> Industry Supported Symposium \$10,000 (please complete form on next page)	<input type="checkbox"/> Coffee Break \$3,000/day <input type="checkbox"/> Welcome Reception \$15,000

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: Amount to be charged \$ _____
 - Master Card
 - Amex
 - Visa

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.

Address: _____ City/State/Postal Code /Country _____

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

Once the Pediatric Trauma Society 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.

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