

EDUCATIONAL GRANT SUPPORT AGREEMENT FORM

Supporting Company						
Contact:			Title:			
Address:						
City:		State:	Z	ip:	Country:	
Telephone:I		Fax:	Email:		nil:	
Please complete and retu	urn form to Secure	Fax: 978-524-046	1 Please	select you	r support activities belo	ow:
☐ Welcome Reception		\$15,000		☐ Coffee Break		\$3,000/day
PAYMENT METHOD:						
☐ WIRE TRANSFER — Pleas	se call our offices at +97	8.927.8330 for wiring	information			
☐ Check amount enclosed: \$ DO NOT EMAIL full credit card information.						
CREDIT CARD Westerland VISA Masterland Masterland				Form must be faxed if credit card number is showing via our secure fax 978.524.0461 . If you prefer to email please leave out the credit card number and in that space write your phone number and we will call you.		
Credit Card Number			_			
Expiration Date Se	curity Code (3-4 num	bers on front or bac	k of card)			
Name as it appears on credit card Cardhold				r's Signatur	e	
Please check if credit can be a second as a second and a second area of the case of the	ard billing address	is same as contact	informatio	on at the to	p of the form.	
☐ Billing address if differe	ent than above:					
omplete and return to: Yvonne Grunebaum, Director of Industry Relations PTS						
	500 Cummings Center, Suite 4400 Beverly, MA 01915 USA Phone: 978-927-8330 Fax: 978-524-0461					
WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.						

PRINT NAME

TITLE

AUTHORIZED SIGNATURE