



EDUCATIONAL GRANT SUPPORT AGREEMENT FORM

Supporting Company _____

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:

Welcome Reception \$15,000 Coffee Break \$3,000/day

PAYMENT METHOD:

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

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

_____ Credit Card Number

_____ Expiration Date

_____ Security Code (3-4 numbers on front or back of card)

_____ 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.

Billing address if different than above: _____

Complete 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.

AUTHORIZED SIGNATURE PRINT NAME TITLE