



MARKETING 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:

PLATINUM LEVEL \$15,000

SILVER LEVEL \$5,000



GOLD LEVEL \$10,000

Please select your support activities below

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** _____

DO NOT EMAIL full credit card information.
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.