			SIA AGREEMENT				
Company Name							
Contact Name							
Address <u>:</u>			City:		State:	Zip:	
Phone:							
		complete and retu					
REQUESTED DAY/DATE	and TIME OF ME	ETING:					
☐ Saturday Symposia \$10,000			11:30 a	11:30 am – 12:45 pm			
EXPECTED ATTENDANCE	-	_			•		
Once space has been ass special set fees, AV, elec- facility. Cancellations red July 27th, refunds will no	trical/telecommu eived before Jun	inications and labor	are not included in t	the fee. You	are responsible	for all charges to the	
*times are based on preliminal	ry programs and are	subject to change					
PAYMENT METHOD:							
☐ WIRE TRANSFER — Plea	se call our offices at	+978.927.8330 for wiring	; information				
☐ Check amount enclose CREDIT CARD ☐ CREDIT ☐ CREDIT CARD ☐ CREDIT ☐	VISA	MasterCard	faxed if c 978.524.	redit card nu <i>0461</i> . If you place and in the	mber is showing via prefer to email plea	ation. Form must be a our secure fax se leave out the credit phone number and we	
Amount to be charged: \$)						
Credit Card Number		Expiration	Security Co	ode (AMEX	is 4 digits, others	3)	
Name as it appears on credit card Cardholder's Sign				ure			
☐ Please check if credit (card billing addre	ess is same as contac	t information at the	top of the f	orm.		
☐ Billing address if differ	rent than above:						
Complete and return to:	Yvonne Grunebau	m, Director of Industry Re	elations PTS 500 Cumm	ings Center, Sເ	uite 4400 Beverly, N	ЛА 01915 USA	
WE AGREE TO ABIDE BY ALL R CONSTITUTES A CONTRACT.	ULES AND REGULATI	ONS SET FORTH IN THE P	ROSPECTUS. ACCEPTANC	CE OF THIS API	PLICATION BY SHOW	MANAGEMENT	
AUTHORIZED SIGNATURE		PRINT NAME			TITLE		

PRINT NAME

TITLE

AUTHORIZED SIGNATURE