



SYMPOSIA AGREEMENT

Company Name _____

Contact Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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

REQUESTED DAY/DATE and TIME OF MEETING:

Symposia \$10,000 | Starts 12:00 pm, Ends 1:00 pm

- Thursday November 8th**
- Friday November 9th**
- Saturday November 10th**

EXPECTED ATTENDANCE: _____

Once space has been assigned and confirmed by PTS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. You are responsible for all charges to the facility. Cancellations received before June 27th company will be liable for a 50% processing fee. For any cancellations received after July 27th, refunds will not be given.

*times are based on preliminary programs and are subject to change

PAYMENT METHOD:

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

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

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.

Credit Card Number Expiration Security Code (AMEX is 4 digits, others 3)

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

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