

November 13-16, 2019
SHERATON SAN DIEGO HOTEL & MARINA

Pediatric Trauma Society
A Voice for the Injured Child

6th Annual Meeting
SAN DIEGO, CALIFORNIA



pediatrictraumasociety.org

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:

Attendee 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: \$ _____

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.

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.

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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**