

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

**Pediatric Trauma Society**  
A Voice for the Injured Child

**6<sup>th</sup> Annual Meeting**  
SAN DIEGO, CALIFORNIA



pediatrictraumasociety.org

**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: \$ \_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**