# 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 14th** ☐ **Friday November 15th**

**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 26th, company will be liable for a 50% processing fee. For any cancellations received after July 26th, 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 ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard

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**