

# 63<sup>rd</sup> ANNUAL MEETING



PLASTIC  
SURGERY  
RESEARCH  
COUNCIL

May 17-20, 2018  
Sheraton Birmingham Hotel  
Birmingham, AL  
Hosted by



## MARKETING SUPPORT AGREEMENT FORM

Company \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip/Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Please select your support activities below:

**PLATINUM LEVEL**.....\$25,000

**GOLD LEVEL**.....\$15,000

**SILVER LEVEL**.....\$10,000

**BRONZE LEVEL**.....\$5,000

**Mobile App**.....\$5,000

**Hotel Key Cards** .....\$5,000

### PAYMENT METHOD

Check Amount Enclosed: \$ \_\_\_\_\_ **PLEASE FAX IF CREDIT CARD NUMBER APPEARS ON THIS FORM**

**Credit Card:**  American Express  MasterCard  Visa Amount to be charged: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_  
(3-4 #s on back of card)

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Postal Code /Country

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

### PLEASE RETURN FORM TO:

PSRC

500 Cummings Center, Suite 4400, Beverly, MA 01915

P. 978-927-8330,

F. 978-524-0461 or email if no credit card number [industry@ps-rc.org](mailto:industry@ps-rc.org)