

63rd ANNUAL MEETING



PLASTIC
SURGERY
RESEARCH
COUNCIL

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



EDUCATIONAL SUPPORT AGREEMENT FORM

Company _____

Contact _____

Title _____

Address _____

City/State/ Zip/Country _____

Telephone _____

Fax _____

Email _____

Please select your support activities below:

Continental Breakfast: \$10,000/day
 Thursday Friday Saturday
 \$25,000 *EXCLUSIVE*

Refreshment Breaks: \$7,500/ break
 Thursday Friday Saturday
 AM PM
 \$14,000 *EXCLUSIVE*

WiFi \$10,000

Functions:	Exclusive	Partial
Members' Dinner	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$7,500
Welcome Reception	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000

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

TITLE

PLEASE RETURN FORM TO:

PSRC, 500 Cummings Center, Suite 4400, Beverly, MA 01915
P. 978-927-8330 | F. 978-524-0461
industry@ps-rc.org