

Industry Symposium Application

PSRC 63rd Annual Meeting, May 17-20, 2018
Sheraton ♦ Birmingham, AL

Exact Title of Symposium _____

Company Name _____

Contact Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Brief Description of Symposia Topics and Proposed Faculty:

CME Provider* (if applicable): _____

***If CME will be provided please include copy of Accreditation and Designation statements**

INDUSTRY-SUPPORTED SYMPOSIUM*

- Lunch.....*Thursday, May 17, 2018 | 12:00 pm – 1:30 pm* \$15,000
 Breakfast...*Friday, May 18, 2018 | 6:30 am – 7:30 am* \$10,000
 Breakfast...*Saturday, May 19, 2018 | 6:30 am – 7:30 am* \$10,000

Once the symposium has been confirmed by PSRC staff you will be put in direct contact with a catering representative. Catering, special set fees, additional electrical/telecommunications and labor are not included in the fee. Each company is responsible for all charges to the facility. By signing below you are authorizing PSRC to charge the total fee indicated on this form to your credit card.

Signature _____

Date _____

PAYMENT METHOD

Credit Card American Express MasterCard Visa

Check amount enclosed: \$ _____

Amount to be charged: \$ _____

Name as it appears on card: _____

Credit Card Number _____

Expiration Date _____

Security Code (3-4 #s on front/back card) _____

Cardholder's Signature _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Please check if credit card billing address is same as contact information.

If billing address is not the same please enter below.

Company Name _____

Street Address _____

City/State/Postal Code /Country _____

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____