

# 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\*

- |   |          |
|---|----------|
| <input type="checkbox"/> Lunch..... <i>Friday, May 18, 2018 / 12:30 pm – 2:00 pm</i>    | \$15,000 |
| <input type="checkbox"/> Breakfast... <i>Friday, May 18, 2018 / 6:30 am – 7:30 am</i>   | \$10,000 |
| <input type="checkbox"/> Breakfast... <i>Saturday, May 19, 2018 / 6:30 am – 7:30 am</i> | \$10,000 |
| <input type="checkbox"/> Lunch ..... <i>Saturday, May 19, 2018 / 11:30 am – 1:00 pm</i> | \$15,000 |

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