EDUCATIONAL SUPPORT AGREEMENT FORM

Company	Contact Name
Email	Title
Address	City/State/Zip/Country
Telephone/Fax	Company Website

Please select your support activities and send **completed form by email, fax or mail:**
industry@ps-rc.org | PSRC, 500 Cummings Center, Suite 4400, Beverly MA 01915 | Fax 978-524-0461

☐ **WiFi Support** $10,000

Continental Breakfast:
☐ $10,000 per session ☐ $25,000/EXCLUSIVE
Thursday ☐ am ☐ pm
Friday ☐ am ☐ pm
Saturday ☐ am ☐ pm

Refreshment Breaks:
☐ $7,500 per session ☐ $14,000/EXCLUSIVE
Thursday ☐ am ☐ pm
Friday ☐ am ☐ pm
Saturday ☐ am ☐ pm

☐ **Quick Shots Session** $10,000

Social Functions:	**Exclusive**	**Partial**
Members' Dinner	☐$15,000	☐ $7,500
Welcome Reception	☐$20,000	☐ $10,000

TOTAL SUPPORT $_____.00

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