MARKETING 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

☐ **PLATINUM LEVEL**……$25,000

☐ **GOLD LEVEL**……..$15,000

☐ **SILVER LEVEL**……...$10,000

☐ **BRONZE LEVEL**…….$5,000

☐ **Program Guide Back Cover**……$7,500

☐ **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 TITLE