



VIRTUAL ANNUAL MEETING 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

- PSRC Themed Webinar**\$25,000 Webinar Date/Theme _____
- PSRC Virtual Abstract Program**\$15,000

PAYMENT METHOD

Check Amount Enclosed: \$ _____

Credit Card PLEASE PROVIDE PHONE NUMBER TO CALL FOR CREDIT CARD INFORMATION.

American Express MasterCard Visa Amount to be charged: \$ _____

Phone Number to attain CC# _____ 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

ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

 AUTHORIZED SIGNATURE PRINT NAME TITLE