MAILING LABLE REQUEST FORM

The pre-registration list as well as the final registration list is available in label format on a one time, one use basis. The pre-registration list is available after **May 12, 2017**. The fee is $250. The final registration list is available approximately 3 weeks after the close of the meeting. The fee is $500 for the final list. An excel spreadsheet will be emailed to you. Payment and a copy of your mail piece must be included with order form and sent to:

International Society for Minimally Invasive Cardiothoracic Surgery
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
Telephone: 978-927-8330
Fax: 978-524-0461
industry@ismics.org

□ Pre-registraion list ($250 fee)
□ Final registration list ($500 fee)

PAYMENT METHOD:

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa

Amount to be charged: $_____

☐Check amount enclosed: $_____

_____ Expiration Date_____ Security Code_____
Credit Card Number (3-4 numbers on front or back of card)

_____ _____
Name as it appears on credit 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 at the top of the form.
❑ If billing address is not the same please enter below.

_____ _____
Company Name Street Address

_____
City/State/Postal Code /Country

ONE TIME USE ONLY

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a $1,000 fee will be imposed.

Contact Name: _____

Signature:_____ Date: _____

NOTE: If you would like the labels sent Federal Express include your account number below.

Federal Express Account #:_____
Overnight Second Day

******PLEASE Include a copy of your mail piece for approval. Thank you! ******