MASTERS CLASS SUPPORT REQUEST FORM

CONTACT INFORMATION

QUESTIONS: **Stan Alger** (Director of Marketing & Development)
salger@prri.com (Email) or 001.978.927.8330 (Phone)

REMIT FORM TO: **Stan Alger** (Director of Marketing & Development)
001.978.524.0461 (Fax) or 001.978.927.8330 (Phone)

Once ISMICS receives your Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Supporters are required to complete an approved Letter of Agreement. If a supporting company requires its own Letter of Agreement, or application, please include the relevant document with this request form. Please indicate your interests below:

Exhibitor/Supporter _____ **Contact/Title** _____

Address _____ **City** _____ **State** _____ **Zip** _____ **Country** _____

Phone _____ **Fax** _____ **Email** _____

MASTERS DAY ***(*Masters Classes and Topics subject to change*)***

☐ **All courses** **$15,000 USD**
☐ **1 Half day course** **$ 5,000 USD**

	Minimally Invasive and Endovascular Thoracic Aortic Surgery	**½ DAY**
	Minimally Invasive, Robotic and Innovative Coronary Surgery	**½ DAY**
	Minimally Invasive and Transcatheter Aortic Valve Interventions	**½ DAY**
	Minimally Invasive and Transcatheter Mitral Valve Interventions	**½ DAY**
	Minimally Invasive Surgical Approaches to Heart Failure	**½ DAY**
	Minimally Invasive Surgical Approaches to Atrial Fibrillation	**½ DAY**
	All Courses	

Support levels must be confirmed with a written letter of agreement.

Complete & return to:

ISMICS
Stan Alger
(Director of Marketing & Development)
500 Cummings Center, Suite 4550,
Beverly, MA 01915 USA
Phone: 001.978.927.8330
Fax: 001.978.524.0498

PAYMENT INFORMATION Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

FEE DUE: $_____ ☐Check amount enclosed: $_____

Secure Fax: + 978.524.0461 **This form must be faxed if credit card number is showing. DO NOT EMAIL.**

CREDIT CARD ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard **Amount to be charged: $_____**

Credit Card Number _____ Expiration Date _____ Security Code (3 digits on front or back of card) _____

Name as it appears on credit 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.

Company Name _____ Street Address _____ City/State/Postal Code /Country _____

☐ **WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.**

FOR ISMICS USE ONLY: Date Received: _____ Confirmation Sent: _____ Payment Received & Entered: _____