

MARKETING SUPPORT OPPORTUNITIES REQUEST FORM

This form must be completed and returned for all marketing support opportunities except Symposia. For Symposia please use the Symposium Request Application.

CONTACT INFORMATION

QUESTIONS:

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

REMIT APPLICATION TO:

ISMICS
 Fax to 001.978.524.0461

Once ISMICS receives your Support Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Please indicate your interests below:

Exhibitor/Supporter _____ Contact/Title _____

Address _____ City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

- | | | |
|--|--------------------|----------|
| <input type="checkbox"/> SURGICAL SKILLS SUITE | | \$10,000 |
| <input type="checkbox"/> RESIDENTS & FELLOWS PROGRAM SUPPORT | | \$10,000 |
| <input type="checkbox"/> LATE BREAKING NEWS SUPPORT | | \$10,000 |
| <input type="checkbox"/> HOTEL KEY CARDS | | \$10,000 |
| <input type="checkbox"/> MOBILE APP | | \$10,000 |
| <input type="checkbox"/> ONSITE SIGNAGE | Up to 5 placements | \$10,000 |
| | 1 placement | \$ 2,500 |
| <input type="checkbox"/> MEETING ROOM | | \$ 7,500 |
| <input type="checkbox"/> ISMICS e-POSTER PROGRAM | | \$15,000 |
| <input type="checkbox"/> INTERNET / CME CENTER | | \$12,000 |

Complete form & return to:
 ISMICS
 500 Cummings Center, Suite 4400,
 Beverly, MA 01915 USA
 Phone: 001.978.927.8330
 Fax: 001.978.524.0461

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    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: _____