

SYMPOSIUM REQUEST APPLICATION

CONTACT INFORMATION

QUESTIONS: **Stan Alger** (Director of Marketing & Development)
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REMIT APPLICATION TO: **ISMICS**
fax to 001.978.524.0461

EXACT TITLE OF SYMPOSIUM: _____

COMPANY: _____

CONTACT: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP/CODE: _____ COUNTRY: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

TARGET AUDIENCE: _____

BRIEF DESCRIPTION OF EVENT: _____

REQUESTED DAY/DATE OF THE MEETING

THURSDAY 14 JUNE FRIDAY 15 JUNE

BREAKFAST
FEE: \$10,000

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FEE: \$10,000

LUNCHEON
FEE: \$20,500

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DINNER
Fee: \$23,000 (ONLY TWO DINNER SYMPOSIA WILL BE OFFERED)

SATURDAY 16 JUNE

BREAKFAST
FEE: \$10,000

Please Note: Once space has been assigned and confirmed by ISMICS you will be put in direct contact with an Audio-Visual representative. Any special set fees, AV, electrical/ telecommunications and labor are not included in the fee. Each company is responsible for all charges to the Facility.

PAYMENT INFORMATION

PAYMENT METHOD 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

Billing address if different from above

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.

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

FOR ISMICS USE ONLY

Date Received: _____

Confirmation Sent: _____

Payment Received and Entered: _____