

## 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](mailto: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               |                    | \$25,000 |
| <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: \_\_\_\_\_