

## MASTERS CLASS SUPPORT REQUEST FORM

**CONTACT INFORMATION**

**QUESTIONS:** Stan Alger (Director of Marketing & Development)  
[salger@prri.com](mailto: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

	<b>2018 Topics To Be Announced in the Autumn of 2017</b>	<b>1/2 DAY</b>
		<b>1/2 DAY</b>
		<b>1/2 DAY</b>
		<b>1/2 DAY</b>
		<b>1/2 DAY</b>
	All Courses	<b>Full DAY</b>

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 4400,  
 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**       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: \_\_\_\_\_