

EDUCATIONAL SUPPORT REQUEST FORM

CONTACT INFORMATION

QUESTIONS: Stan Alger (Director of Marketing & Development)
salger@prri.com (Email) or +1.978.927.8330 (Phone)

REMIT FORM TO: Stan Alger (Director of Marketing & Development)
 +1.978.524.0461 (Fax) or +1.978.927.8330 (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 SESSION

1 SESSION \$ 5,000 USD

Aortic Valve and Endovascular	\$5000
Mitral and Tricuspid Valve	\$5000
Afib and Revascularization	\$5000
Thoracic sessions tba	\$5000
	\$5000
	\$5000

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: +1.978.927.8330
 Fax: +1.978.524.0498

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: +1. 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 +1.978.927.8330 for wiring information.

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