

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 +1.978.927.8330 (Phone)

REMIT APPLICATION TO:

ISMICS
 Fax to +1.978.524.0461

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 |

Complete form & return to:
 ISMICS
 500 Cummings Center, Suite 4400,
 Beverly, MA 01915 USA
 Phone: +1.978.927.8330
 Fax: +1.978.524.0461

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 +1.978.927.8330 for wiring information.

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