



## EDUCATIONAL SUPPORT REQUEST FORM

Once ISMICS receives your Educational Support 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.

### CONTACT INFORMATION

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### EDUCATIONAL SUPPORT SELECTION

#### MASTERS SESSIONS

Cardiac	Thoracic
<input type="checkbox"/> ALL MASTERS SESSIONS: \$15,000	<input type="checkbox"/> ALL MASTERS SESSIONS: \$15,000
<input type="checkbox"/> MVR/TVR Techniques \$ 5,000	<input type="checkbox"/> Live Surgery \$ 5,000
<input type="checkbox"/> MVR Challenges \$ 5,000	<input type="checkbox"/> The Future of Surgical Preparedness and Planning \$ 5,000
<input type="checkbox"/> Aortic Valve and Aorta \$ 5,000	<input type="checkbox"/> Technical Challenges: Key Points, Pitfalls and Disasters \$ 5,000
<input type="checkbox"/> LVAD/CHF/ TEVAR \$ 5,000	<input type="checkbox"/> Esophagus, Mediastinum and Chest Wall \$ 5,000
<input type="checkbox"/> Afib Ablation/ Rx \$ 5,000	<input type="checkbox"/> My Favorite Case \$ 5,000
<input type="checkbox"/> Revascularization \$ 5,000	<input type="checkbox"/> Trainee Education Session \$ 5,000

### PAYMENT INFORMATION

**PAYMENT METHOD**  
Please use the following methods of payment:

FEE DUE: \$ \_\_\_\_\_  Check amount enclosed: \$ \_\_\_\_\_

CREDIT CARD       Amount to be charged: \_\_\_\_\_

Payment: Please email this form to [industry@ismics.org](mailto:industry@ismics.org). Once we receive it we will send you a confirmation and payment link.

WIRE TRANSFER – Please call the ISMICS offices at +1.978.927.8330 for wiring information.

Please contact **Stan Alger** (*Director of Marketing & Development*) at [salger@prii.com](mailto:salger@prii.com) or +1.978.927.8330  
or  
**Yvonne Grunebaum** (*Director of Industry Relations*) at [ygrunebaum@prii.com](mailto:ygrunebaum@prii.com) or +1.978.927.8330

**FOR ISMICS USE ONLY**

Date Request Form Received: \_\_\_\_\_

Date Confirmation Sent: \_\_\_\_\_

Date Payment Received and Entered: \_\_\_\_\_