

NESPS 27th Annual Meeting
October 28- 30, 2010
Ritz Carlton, Washington, DC



Complete and return to:
NESPS- Donna Gurnett
900 Cummings Center, Suite 221-U,
Beverly, MA 01915 USA
Phone: 978-927-8330 / Fax: 978-524-0498
jgecawicz@prri.com

GRANT OPPORTUNITIES AGREEMENT FORM

Exhibitor / Supporter

Contact

Title

Address

City/State/ Zip/Country

Telephone

Fax

Email

Once the Northeastern Society of Plastic Surgeons receives your grant opportunities request form you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

Please select your support activities below:

EDUCATIONAL GRANT ACTIVITIES

Platinum Sponsorship

\$10,000

MARKETING SUPPORT

(These are customized for each supporter)

_____ \$ _____

PAYMENT METHOD

Check Amount Enclosed: \$ _____

Credit Card American Express MasterCard Visa Amount to be charged: \$ _____

Card Number: _____ Expiration Date: _____ Sec Code: _____
(3-4 #s on back of card)

Name as it appears on the 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

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE