

SUPPORT OPPORTUNITIES REQUEST FORM

This form must be completed and returned for all support opportunities except Symposia and Post Graduate Courses. For Symposia please use the Symposium Request Application and for Postgraduate Courses please complete the Post Graduate Course Application.

CONTACT INFORMATION

QUESTIONS: **Stan Alger** (Director of Development)
salger@prri.com or +1-978-927-8330 (Phone)

REMIT FORM TO: **Jennifer Gecawicz**
jgecawicz@prri.com or via fax to +1-978-524-0498

Once ISMICS receives your 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:

Exhibitor/Supporter		Contact/Title		
Address	City	State	Zip	Country
Phone	Fax	Email		

- | | |
|---|---------------|
| <input type="checkbox"/> PREMIER PLATINUM LEVEL * | \$ 50,000 USD |
| <input type="checkbox"/> PLATINUM LEVEL * | \$ 25,000 USD |
| <input type="checkbox"/> GOLD LEVEL * | \$ 15,000 USD |
| <input type="checkbox"/> SILVER LEVEL * | \$ 10,000 USD |
| <input type="checkbox"/> BRONZE LEVEL * | \$ 7,500 USD |

- | | |
|---|--------------|
| <input type="checkbox"/> FACULTY BRIEFING SESSION* | \$5,000 USD |
| <input type="checkbox"/> RESIDENTS AND FELLOWS PROGRAM* | \$10,000 USD |
| <input type="checkbox"/> LATE BREAKING NEWS SPONSOR* | \$7,500 USD |
| <input type="checkbox"/> INTERNET / CME CENTER* | \$12,000 USD |
| <input type="checkbox"/> ISMICS HOTEL CHANNEL* | \$7,500 USD |
| <input type="checkbox"/> HOTEL KEY CARDS* | \$7,500 USD |
| <input type="checkbox"/> ATTENDEE BAGS* | \$12,500 USD |
| <input type="checkbox"/> ONSITE SIGNAGE* | \$10,000 USD |

*These support levels must be confirmed with a written letter of agreement.

Complete & return to:

ISMICS
 Jennifer Gecawicz
 Exhibits Coordinator
 900 Cummings Center, Suite 221-U,
 Beverly, MA 01915 USA
 Phone: +1-978-927-8330
 Fax: +1-978-524-0498
jgecawicz@prri.com

PAYMENT INFORMATION

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

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 _____

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