

PUNS 2018 ANNUAL MEETING
INDUSTRY SUPPORT AGREEMENT FORM

Pediatric Urology Nurse Specialists | September 13-14, 2018 – Westin Atlanta, Atlanta, GA

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____


By signing this document, company agrees that this is a legally binding contract and that 100% payment is due with this agreement prior to June 6, 2018. If a written cancellation is received on or before June 6, 2018, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after July 6, 2018 a refund will not be issued.

Please check the appropriate:

- | | | |
|--------------------------|----------------------------------|----------|
| <input type="checkbox"/> | Continental Breakfast or Break | \$ 1,000 |
| <input type="checkbox"/> | General Meeting Support Bronze | \$ 500 |
| <input type="checkbox"/> | General Meeting Support Silver | \$ 750 |
| <input type="checkbox"/> | General Meeting Support Gold | \$ 1,000 |
| <input type="checkbox"/> | General Meeting Support Platinum | \$ 1,500 |
| <input type="checkbox"/> | Wednesday Night Meet & Greet | \$ 3,500 |
| <input type="checkbox"/> | Thursday Lunch | \$ 5,000 |
| <input type="checkbox"/> | Thursday Cocktail Reception | \$ 5,000 |
| <input type="checkbox"/> | Friday Lunch | \$ 5,000 |

PAYMENT METHOD:

- WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information
 Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number

Expiration Date Security Code (3-4 numbers 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.

Billing address if different than above: _____

Complete and return to: Yvonne Grunebaum, Director of Industry Relations | PUNS
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA | Phone: 978-927-8330 | Fax: 978-524-0461

DO NOT EMAIL full credit card information. Form must be faxed if credit card number is showing via our secure fax **978.524.0461**. If you prefer to email please leave out the credit card number and provide a phone number and we will call you for the credit card number.