

# PUNS 2020 ANNUAL MEETING INDUSTRY SUPPORT AGREEMENT FORM

Pediatric Urology Nurses & Specialists  
October 22-24, 2020 | Nationwide Children's Hospital, Columbus, OH

**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 July 5, 2020. If a written cancellation is received on or before July 5, 2020, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after July 5, 2020 a refund will not be issued.*

Please check the appropriate:

- |                          |                                  |             |
|--------------------------|----------------------------------|-------------|
| <input type="checkbox"/> | Continental Breakfast or Break   | \$ 1,000.00 |
| <input type="checkbox"/> | Door Drop                        | \$4,000.00  |
| <input type="checkbox"/> | General Meeting Support Bronze   | \$ 500.00   |
| <input type="checkbox"/> | General Meeting Support Silver   | \$ 750.00   |
| <input type="checkbox"/> | General Meeting Support Gold     | \$ 1,000.00 |
| <input type="checkbox"/> | General Meeting Support Platinum | \$ 1,500.00 |
| <input type="checkbox"/> | Wednesday Night Meet & Greet     | \$ 3,500.00 |
| <input type="checkbox"/> | Thursday Lunch                   | \$ 5,000.00 |
| <input type="checkbox"/> | Thursday Cocktail Reception      | \$ 5,000.00 |
| <input type="checkbox"/> | Friday Lunch                     | \$ 5,000.00 |

**PAYMENT METHOD:** In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact [industry@punsonline.org](mailto:industry@punsonline.org) with any immediate concerns. DO NOT EMAIL CREDIT CARD INFORMATION. We will send online payment instructions once the agreement is received at [industry@punsonline.org](mailto:industry@punsonline.org)

WIRE TRANSFER

Email [industry@punsonline.org](mailto:industry@punsonline.org) for instructions

CREDIT CARD      

**DO NOT EMAIL full credit card information.** We will send online payment instructions once we receive the agreement at [industry@punsonline.org](mailto:industry@punsonline.org)

**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: \_\_\_\_\_