



Complete and return to:
500 Cummings Center, Suite 4400,
Beverly, MA 01915 USA
Phone: 978-927-8330 / Fax: 978-524-0461

CORPORATE OPPORTUNITIES AGREEMENT FORM

Supporter

Contact

Title

Address

City/State/ Zip/Country

Telephone

Fax

Email

Once the Northeastern Society of Plastic Surgeons receives your 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 level below:

- DIAMOND LEVEL - \$20,000
- GOLD LEVEL - \$10,000
- BRONZE LEVEL - \$5,000

PAYMENT METHOD:

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

Check Amount Enclosed: \$ _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. **DO NOT EMAIL.**

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

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

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