

## **2013 PEDIATRIC UROLOGY FALL CONGRESS** **MARKETING SUPPORT AGREEMENT FORM**

September 20 - 22, 2013 / Aria Hotel/ Las Vegas, NV

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 50% payment is due with this agreement with the balance due June 10, 2013. If a written cancellation is received on or before June 10, 2013, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after June 10, 2013 a refund will not be issued unless the support is resold at the full amount. At that time a full refund less 25% administrative fee will be issued. All artwork must be submitted to the Fall Congress for approval prior to use.*

Please check the appropriate item:

Industry Breakfast/Lunch Symposium \$10,000

Attendee Bags \$7,500

Thumb Drives \$4,000

### **PAYMENT INFORMATION**

FEE DUE: \$ \_\_\_\_\_

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.

If billing address is different, please enter below.

_____ Company Name
_____ Street Address
_____ City/State/Postal Code /Country

### **Complete and return to:**

Yvonne Grunebaum, Director of Industry Relations  
SPU, 500 Cummings Center, Suite 4550  
Beverly, MA 01915 USA [ygrunebaum@prri.com](mailto:ygrunebaum@prri.com)  
Phone: 978-927-8330 Fax: 978-524-0461