2017 PEDIATRIC UROLOGY FALL CONGRESS MARKETING SUPPORT AGREEMENT FORM

September 8-10, 2017 / Fairmont The Queen Elizabeth / Montréal, Canada

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 July 7, 2017. If a written cancellation is received on or before July 7, 2017, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after July 7, 2017 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:

□ Attendee Bags	\$7,500
□ Hotel Key Cards	\$7,500
□ Mobile App	\$7,500

PAYMENT INFORMATION

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:

FEE DUE: \$	□Check amount enclosed: \$		
□Secure Fax: + 978.524.0461 *Th	is form must be faxed if credit card	number is showing. <u>DO NOT EMAIL.</u>	
	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 Signat	ure	
□ If billing address is different, plea	ise enter below.		

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

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