WESTERN THORACIC SURGICAL ASSOCIATION
43RD ANNUAL MEETING
JUNE 21-24, 2017 • THE BROADMOOR, COLORADO SPRINGS, COLORADO

WTSA MARKETING AGREEMENT

Complete & return to:
Secure Fax: 978-524-0461
Western Thoracic Surgical Association
Attn: Yvonne Grunebaum
500 Cummings Center, Suite 4400
Beverly, MA 01915

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

MARKETING SUPPORT:

☐ Golf Balls $2,000 ☐ Hotel Key Cards $6,000 ☐ Lanyards $6,000 ☐ Meeting Bags $10,000

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:

Amount to be charged: $_____

☐**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 ☐Check amount enclosed: $_____

_____ _____ _____
Credit Card Number Expiration Date Security Code (3-4 #s on front or back of card)

_____ _____ _____
Name as it appears on credit card Cardholder's Signature Date

❑ 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**

_____
AUTHORIZED SIGNATURE **PRINT NAME** **TITLE**

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

Questions or Comments, please contact:
Yvonne Grunebaum / Director, Industry Relations
Phone: 978-299-4529 / Fax: 978-524-0461
ygrunebaum@prri.com
industry@westernthoracic.org