

WTSA EDUCATIONAL SUPPORT 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: _____

SUPPORT:

- WiFi \$10,000
- Resident Symposium \$10,000

PAYMENT METHOD::

- WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information
- Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Expiration Date _____ Security Code (3-4 numbers on front or back of card) _____

- Please check if credit card billing address is same as contact information at the top of the form.
- Billing address if different than above: _____

DO NOT EMAIL full credit card information.
Form must be faxed if credit card number is showing via our secure fax **978.524.0461**. If you prefer to email please leave out the credit card number and provide a phone number and we will call you for the credit card number.