

GRAHAM FOUNDATION INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

April 30 – May 5, 2010 – Toronto, Canada

Applications received after March 5th will be accepted on a space available basis.

Exact Title of Symposium			Name of Accrediting Organization	
Sponsoring Company Name			Contact Name	
Address	City	State	Zip	Country
Phone	Fax	Email		

Brief Description of Meeting:

Target Audience: _____

Expected Attendance: _____

DAY/DATE/TIME OF MEETING

- | | | |
|---|-------------------|----------|
| <input type="checkbox"/> Friday, April 30 | 8:00 am – 5:00 pm | \$30,000 |
| <input type="checkbox"/> Friday, April 30 | 8:00 am – 1:00 pm | \$20,000 |
| <input type="checkbox"/> Friday, April 30 | 12 Noon – 5:00 pm | \$20,000 |
| <input type="checkbox"/> Friday, April 30 | 6:00 pm – 8:00 pm | \$15,000 |
| <input type="checkbox"/> Saturday, May 1 | 6:00 pm – 8:00 pm | \$15,000 |
| <input type="checkbox"/> Sunday, May 2 | 6:00 am – 8:00 am | \$15,000 |
| <input type="checkbox"/> Sunday, May 2 | 7:00 pm – 9:00 pm | \$15,000 |
| <input type="checkbox"/> Monday, May 3 | 6:00 am – 7:30 am | \$15,000 |
| <input type="checkbox"/> Monday, May 3 | 6:00 pm – 8:00 pm | \$15,000 |
| <input type="checkbox"/> Tuesday, May 4 | 5:30 am – 6:30 am | \$15,000 |
| <input type="checkbox"/> Wednesday, May 5 | 12 Noon – 5:00 pm | \$20,000 |

LOCATION REQUEST

Hotel

ROOM SET:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Banquet (rounds) | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Hollow Square | <input type="checkbox"/> U-shape |
| <input type="checkbox"/> Head table # ppl _____ | |

FUNCTION TYPE (check only one)




- | | | |
|---|--------------------------------|---------------------------------|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Reception (Friday or Wednesday only) | | |

Once space has been assigned and confirmed, you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility.

PAYMENT INFORMATION: All checks must be payable to the Graham Foundation

FEE DUE: \$ _____

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number

Expiration Date

Security Code

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.

<p>Complete and return to: The Graham Foundation 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA 978-927-8330 Fax: 978-524-0498 jgecawicz@prri.com</p>	<p>_____ Company Name</p> <p>_____ Street Address</p> <p>_____ City/State/Postal Code /Country</p>
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