

SUPPORT AGREEMENT FORM

Aortic Symposium 2010 / April 29-30, 2010
Sheraton New York Hotel & Towers – New York City

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Postal Code/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

By signing this document, supporter agrees that this is a legally binding contract and that 50% payment is due with this agreement and the balance is due by March 5, 2010. In the event of cancellation, 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.

This agreement must be supported with an ACCME Letter of Agreement. Once we receive this agreement form, we will send a letter of agreement that will need to be signed and returned to our offices by April 9, 2010.

We are pleased to donate an educational grant in the amount of \$ _____

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 _____

Complete and return to:

Yvonne Grunebaum
Director of Industry Relations
American Association for Thoracic Surgery
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