



AORTIC SYMPOSIUM
PRE-REGISTRATION LABELS ORDER FORM

The final pre-registration list is available on a one time, one use basis after March 29, 2010. The cost is \$100.00. All labels will be sent 3 up pressure sensitive. Payment and a copy of your mail piece must be included with order form and sent to:

AATS-Aortic Symposium
 Attn: Jennifer Gecawicz
 900 Cummings Center, Suite 221-U
 Beverly, MA 01915
jgecawicz@prri.com Fax: 978-524-0498

PAYMENT METHOD:

Credit Card: American Express MasterCard Visa

Check amount enclosed: \$ _____

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 not the same please enter below.

Company Name

Street Address

City/State/Postal Code /Country

ONE TIME USE ONLY

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____

Date: _____

NOTE: If you would like the labels sent Federal Express include your account number below.

Federal Express Account #: _____

Overnight

Second Day