



Annual Meeting

October 22-23, 2017
Loews O'Hare | Chicago, Illinois

chss.org



EDUCATIONAL SUPPORT AGREEMENT

Complete and return to: **Congenital Heart Surgeons Society**
500 Cummings Center, Suite 4400
Beverly, MA 01915

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country _____

Telephone: _____ Fax: _____ E-Mail: _____

Please check which level you are selecting:

- Platinum Level \$20,000
- Gold Level \$10,000
- Silver Level \$ 5,000

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:

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- Check Enclosed
- AMOUNT: _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

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

By signing this document, sponsor agrees to the above grant commitment and that a 50% payment is due with this agreement, with the balance due by July 14, 2017. In the event of cancellation, a refund will not be issued. All artwork must be submitted to CHSS for approval prior to use. This includes banners, screensavers, and ads. Sponsorships will be assigned in order of receipt of Agreements with deposits.

Authorized Signature: _____ Date: _____