

ECHSA & CHSS Joint Meeting 2020

October 22-24, 2020

Four Seasons Boston | Boston, MA



EDUCATIONAL SUPPORT AGREEMENT

Complete and email to: industry@chss.org

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: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@chss.org with any immediate concerns.

DO NOT EMAIL CREDIT CARD INFORMATION. We will send online payment instructions once the agreement is received at industry@chss.org

WIRE TRANSFER

Email industry@chss.org for instructions

CREDIT CARD   

DO NOT EMAIL full credit card information. We will send online payment instructions once we receive the agreement at industry@chss.org

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.

Billing address if different than above: _____

AUTHORIZED SIGNATURE

PRINT NAME

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