

ECHSA & CHSS Joint Meeting 2020

October 22-24, 2020

Four Seasons Boston | Boston, MA



MARKETING SUPPORT OPPORTUNITIES AGREEMENT FORM

Company _____

Contact _____

Title _____

Address _____

City/State/ Zip/Country _____

Telephone _____

Fax _____

Email _____

Please select your support activities below:

HOTEL KEYCARDS | \$6,000

MEETING BAGS | \$6,000

BAG INSERT | \$1,500

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

TITLE