

# ECHSA & CHSS Joint Meeting 2020

## October 22-24, 2020

Four Seasons Boston | Boston, MA



### INDUSTRY SUPPORTED SYMPOSIUM AGREEMENT

Sponsorship Company Name

Contact Name

Address

City

State

Country

Phone

Fax

Email

Brief Description of event:

**Date:**  Friday, October 23 **Time:** 12:00 – 1:00 pm \$25,000  
 Saturday, October 24 **Time:** 12:00 – 1:00 pm \$25,000

Food and beverage and a basic AV set is included.

**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](mailto: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](mailto:industry@chss.org)

WIRE TRANSFER

Email [industry@chss.org](mailto: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](mailto: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