



48th Annual Meeting
October 23-24, 2022
 Loews O'Hare | Chicago, Illinois



chss.org

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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 use the following methods of payment:

-    Check Enclosed AMOUNT: \$ _____

Amount to be charged: \$ _____

Authorized Signature: _____ Date: _____

You will be sent an online payment link once this agreement is received.

By signing this document, sponsor agrees to the above commitment and that a 50% payment is due with this agreement, with the balance due by July 8, 2022. 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: _____