

SUPPORT OPPORTUNITIES REQUEST FORM

CONTACT INFORMATION

QUESTIONS:

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REMIT APPLICATION TO:

HVS
 Fax to +1.978.524.0461

Once HVS receives your Support Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Please indicate your interests below:

Exhibitor/Supporter _____ Contact/Title _____

Address _____ City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

- DIAMOND LEVEL \$150,000
- PREMIER PLATINUM LEVEL \$100,000
- PLATINUM LEVEL \$75,000
- GOLD LEVEL \$50,000
- SILVER LEVEL \$25,000

Complete form & return to:
 HVS
 500 Cummings Center, Suite 4400
 Beverly, MA 01915 USA
 Phone: +1.978.927.8330
 Fax: +1.978.524.0461

PAYMENT INFORMATION

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:

FEE DUE: \$ _____ Check amount enclosed: \$ _____

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

CREDIT CARD    Amount to be charged: \$ _____

Credit Card Number _____ Expiration Date _____ Security Code (3 digits 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.
- If billing address is not the same please enter below.

Company Name _____ Street Address _____ City/State/Postal Code /Country _____

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

FOR HVS USE ONLY: Date Received: _____ **Confirmation Sent:** _____ **Payment Received & Entered:** _____