

SYMPOSIUM REQUEST APPLICATION

EXACT TITLE OF SYMPOSIUM: _____

COMPANY: _____

CONTACT: _____ TITLE: _____ ADDRESS: _____ CITY: _____

STATE: _____ ZIP/CODE: _____ COUNTRY: _____ TELEPHONE: _____ FAX: _____

EMAIL: _____

TARGET AUDIENCE: _____

BRIEF DESCRIPTION OF EVENT: _____

REQUESTED DAY/DATE OF THE MEETING

LUNCHEON* **Thu. April 12 \$30,000**




LUNCHEON* **Fri. April 13 \$30,000.00**

*Food and beverage for 100 people and AV are included

PAYMENT METHOD:

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

Check amount enclosed: \$ _____

.CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number _____

Expiration Date _____ Security Code (3-4 numbers on front or back of card) _____

DO NOT EMAIL full credit card information.

Form must be faxed if credit card number is showing via our secure fax **978.524.0461**. If you prefer to email please leave out the credit card number and in that space write your phone number and we will call you.

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: _____

Complete and return to: Yvonne Grunebaum, Director of Industry Relations | HVS

500 Cummings Center, Suite 4400 | Beverly, MA 01915 USA | Phone: 978-927-8330 | Fax: 978-524-0461