

## SYMPOSIUM REQUEST APPLICATION

### CONTACT INFORMATION

#### QUESTIONS:

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#### REMIT APPLICATION TO:

**HVS**  
via fax to +1.978.524.0461

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

**Thu. April 12**

**Fri. April 13**

LUNCHEON\*  
FEE: \$30,000

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FEE: \$30,000

\*Food and beverage for 100 people and AV are included

### PAYMENT INFORMATION

**PAYMENT METHOD** 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.

\_\_\_\_\_  
 Wire transfer: Please call our office at +978.927.8330  
for wiring information

#### FOR HVS USE ONLY

Date Received: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

Payment Received and Entered: \_\_\_\_\_