



WTSA EDUCATIONAL SUPPORT AGREEMENT

Complete & Return To:

Secure Fax: 978-524-0461
Western Thoracic Surgical Association
Attn: Yvonne Grunebaum
500 Cummings Center, Suite 4400
Beverly, MA 01915

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

SUPPORT:

- WiFi \$10,000
- Resident Symposium \$10,000

PAYMENT METHOD

Check Amount Enclosed: \$ _____

Credit Card American Express MasterCard Visa Amount to be charged: \$ _____

Once your agreement is received we will issue a confirmation with an on line payment link.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE PRINT NAME TITLE

Complete and return to: industry@westernthoracic.org
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA | Phone: 978-927-8330 |