WESTERN THORACIC SURGICAL ASSOCIATION
36TH Annual Meeting - June 23-26, 2010
Ojai Valley Inn - Ojai, CA

Complete & return to:
Western Thoracic Surgical Association
Attn: Jennifer Gecawicz
jgecawicz@prri.com
900 Cummings Center, Suite 221 –U
Beverly, MA 01915

WTSA GRANT AGREEMENT

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

SPONSORSHIP: Please check one.

☐ Platinum Level $25,000 ☐ Gold Level $20,000 ☐ Silver Level $15,000

PAYMENT METHOD: ☐Check amount enclosed: $_____

CREDIT CARD ☐ American Express ☐ MasterCard ☐ Visa Amount to be charged: $_____

_____ _____ _____
Credit Card Number Expiration Date Security Code (3-4 #s on front or back of card)

_____ _____ _____
Name as it appears on credit card Cardholder's Signature Date

❑ 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**

_____ _____ _____
AUTHORIZED SIGNATURE **PRINT NAME** **TITLE**

Questions or Comments, please contact:
Yvonne Grunebaum / Director, Industry Relations
Phone: 978-299-4529 / Fax: 978-524-0498
ygrunebaum@prri.com