



38th ANNUAL MEETING

June 27 - 30, 2012

Grand Wailea • Maui, Hawaii

WESTERN THORACIC SURGICAL ASSOCIATION

WWW.WESTERNTHORACIC.ORG

WESTERN THORACIC SURGICAL ASSOCIATION
38th Annual Meeting - June 27-30, 2012
Grand Wailea Hotel, Maui, Hawaii

Complete & return to:
Western Thoracic Surgical Association
Attn: Jennifer Gecawicz
jgecawicz@prri.com
500 Cummings Center, Suite 4550
Beverly, MA 01915

WTSA GRANT AGREEMENT

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

EDUCATIONAL SUPPORT: Please check one.

Platinum \$25,000 Gold \$20,000 Silver \$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: 978-524-0461
ygrunebaum@prri.com