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
Hjgecawicz@prri.comH
500 Cummings Center, Suite 4550
Beverly, MA 01915

WTSA MARKETING AGREEMENT

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip/Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

MARKETING SUPPORT:

☐ Hotel Key Cards $5,000 ☐ Golf Balls $2,000

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