

SYMPOSIUM REQUEST APPLICATION

CONTACT INFORMATION

QUESTIONS: **Yvonne Grunebaum** (Dir. of Industry Relations)
ygrunebaum@prri.com or +1.978.927.8330 tel.

REMIT APPLICATION TO: **WORLD CONGRESS**
industry@4wcti.org or 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

Sunday, June 18 **Monday June 19** **Tuesday, June 20**

LUNCHEON LUNCHEON LUNCHEON

FEE: \$20,000

Please Note: Once space has been assigned and confirmed by The Congress you will be put in direct contact with a catering representative. Catering, any special set fees, electrical/ telecommunications and labor are not included in the fee. Each company is responsible for all charges to the Facility.

PAYMENT INFORMATION

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:

Check: Amount enclosed: \$ _____

Secure Fax: + 978.524.0461 **This form must be faxed if credit card number is showing. DO NOT EMAIL.**

Credit Card Amex Visa MasterCard **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

If billing address is not the same please enter: _____
Address City/State/Postal/ Country

Wire Transfer: Please email industry@4wcti.org or call our offices at +978.927.8330 for wiring details

FOR WORLD CONGRESS USE ONLY

Date Received: _____
Confirmation Sent: _____
Payment Received and Entered: _____