

CONGENITAL HEART SURGEONS' SOCIETY

OCTOBER 24 – 25, 2010

**WESTIN O'HARE
CHICAGO, ILLINOIS**

www.chss.org

SUPPORT AGREEMENT

Complete and return to: **Congenital Heart Surgeons' Society**
900 Cummings Center, Suite 221 -U Beverly, MA 01915

Company Name: _____
Contact: _____ Title: _____
Address: _____
City/State/Zip/Country _____
Telephone: _____ Fax: _____ E-Mail: _____

Please check which level you are selecting:

- Platinum Level \$15,000
- Gold Level \$10,000
- Silver Level \$ 5,000

Payment Method:

-    Check Enclosed - AMOUNT: _____

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

By signing this document, sponsor agrees to the above grant commitment and that a 50% payment is due with this agreement, with the balance due by August 2, 2010. In the event of cancellation, a refund will not be issued. All artwork must be submitted to CHSS for approval prior to use. This includes banners, screensavers, and ads. Sponsorships will be assigned in order of receipt of Agreements with deposits.

Authorized Signature: _____ Date: _____