

EDUCATIONAL SUPPORT AGREEMENT

Congenital Heart Surgeons' Society



3RD JOINT MEETING

September 13-15, 2012
The Drake Hotel, Chicago, Illinois

European Congenital Heart Surgeons Association



Complete and return to: Congenital Heart Surgeons' Society
500 Cummings Center, Suite 4550
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

Silver Level

\$ 5,000

Gold Level

\$10,000

Value of Life Series

\$ 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 July 1, 2012. 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: _____