

19th Annual Current Concepts in Men's Health

August 13-15, 2021 • Courtyard Marriott Saratoga Springs • Saratoga Springs, NY

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SUPPORT AGREEMENT FORM

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

PLEASE SELECT:

- Platinum Level \$20,000
- Gold Level \$15,000
- Silver Level \$10,000

By signing this document, company agrees that this is a legally binding contract and that 100% payment is due with this agreement prior to May 7, 2021. If a written cancellation is received on or before May 7, 2021, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after May 7, 2021 a refund will not be issued.

PAYMENT METHOD: PLEASE NOTE, CHECKS OR WIRE TRANSFERS ARE NOT ACCEPTED FOR THIS MEETING

We can only accept credit card payments at this time. If including credit card information on exhibit and sponsor agreements you must send via secure fax: 978-524-0461. Please **DO NOT EMAIL**.



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

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____