



## SYMPOSIUM REQUEST APPLICATION

**EXACT TITLE OF SYMPOSIUM:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP(POSTAL)** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TARGET AUDIENCE:** \_\_\_\_\_

**BRIEF DESCRIPTION OF EVENT:** \_\_\_\_\_

**REQUESTED DAY AND DATE OF THE ICC MEETING FOR THE SYMPOSIUM:**

**Friday (August 18, 2017)**

Luncheon \$25,000

**Saturday (August 19, 2017)**

Luncheon \$25,000

**PAYMENT INFORMATION**

**PAYMENT METHOD:** FEE DUE: \$ \_\_\_\_\_  Check Amount Enclosed: \_\_\_\_\_

**CREDIT CARD:**  
DO NOT EMAIL CREDIT  
CARD INFORMATION







Amount To Be Charged: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Name As It Appears On Credit Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**FOR ICC USE ONLY**

Date Received: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

Payment Received and Entered: \_\_\_\_\_

Expiry Date \_\_\_\_\_ Security Code (Front or Back of Card) \_\_\_\_\_

Please check if credit card billing address is the same as contact information at the top of this form

If billing address is not the same please enter it below:

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

**CONTACT INFORMATION:**

Questions: **Yvonne Grunebaum** (Director of Industry Relations)  
[ygrunebaum@prri.com](mailto:ygrunebaum@prri.com) or +1.978.927.8330

City/State/Zip (Postal)/Country \_\_\_\_\_

**REMIT APPLICATION TO:** International Coronary Congress  
[industry@InternationalCoronaryCongress.com](mailto:industry@InternationalCoronaryCongress.com) or +1-978.524.0461