



PHARMASUG SINGLE DAY EVENT 2018

North Carolina

CORPORATE SPONSORSHIP FORM

GENERAL SPONSOR: () US \$750.00

LUNCH SPONSOR: () US \$2000 ---**BREAKFAST SPONSOR:** () US \$1000--- **BREAK SPONSOR:** () US \$1000

For sponsoring Breakfast/Lunch/Break, the \$750 is already included in the sponsorship fee.

COMPANY: _____

ADDRESS: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country** _____

CONTACT: Last Name _____, First Name _____ Title: _____

EMAIL: _____ **PHONE:** _____ **FAX:** _____

2ND CONTACT: Last Name _____, First Name _____ Title: _____

EMAIL: _____ **PHONE:** _____ **FAX:** _____

PAYMENT:

() **By Company Check.** *Make check payable to: "PharmaSUG".* Mail check to: **PharmaSUG, 1818 MLK Jr. Blvd., Suite 106, Chapel Hill, NC 27514, USA**

() **By Credit Card** - Credit Card Type: () American Express () VISA () Master Card () Discover

Account number: _____ Expiration Date: _____ Security code: _____

Name on Credit Card: _____

Address of Card Holder in C C Bank's Record: _____

Signed: _____ Date: _____

For Credit Card payment, please fax signed form to: (888)268-0065

() **By Wire Transfer – Please send us an email – NC2018sde@pharmasug.org - for wire transfer instruction –**
Once payment is received, a receipt will be emailed to you. **THANK YOU FOR YOUR SPONSORSHIP!**
