

PES 2021 Industry-Sponsored Virtual Symposium Form

PLEASE TYPE

***Sponsoring Company/Organization Name:**

Contact Name and Title:

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Requested Date & Time preferences for Symposium:

1. _____
2. _____
3. _____

**Please indicate if the session is being organized by a third-party company (e.g., education) other than the Sponsor and provide below the company's name(s):*

Brief Description for promotional purposes (if approved):

PAYMENT:

Total Payment Amount: \$15,000 USD

Payment options:

- Check
- Credit card
- Wire transfer

CHECK PAYMENTS: PLEASE MAKE PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK, AND MAIL COMPLETED FORM AND CHECK TO:

Pediatric Endocrine Society
6728 Old McLean Village Dr.
McLean, VA 22101

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Bank Name: John Marshall Bank

Address: 1943 Isaac Newton Sq. Suite 100, Reston, VA 20190

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By signing this form, I acknowledge that I have read and agree to comply with the Society's Guidelines for Industry- Sponsored Symposium sessions. I will be responsible for all charges associated with this function and no charges are to be billed to the Pediatric Endocrine Society. Violations of these guidelines may result in cancellation of function assignment. Any changes in date and time must be pre-approved by the Society.

Signature: _____

Date: _____

Print Name and Title: _____

CHECK LIST OF NEEDS:

- ✓ Proposal/summary of session
- ✓ List of Speakers/faculty
- ✓ Learning objectives
- ✓ CME being offered YES/NO?
- ✓ Sponsoring company logo YES/NO?
(If yes please provide high resolution logo for promotional emails)