

INDUSTRY-SUPPORTED
SYMPOSIUM APPLICATION

WCPU / May 28-30, 2010 – San Francisco Marriott – San Francisco, CA

Exact Title of Symposium _____ Name of Accrediting Organization (if applicable) _____

Sponsoring Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Brief Description of Meeting:

Target Audience: _____

Expected Attendance: _____

DAY/DATE/TIME OF MEETING

- Friday, May 28 Lunch \$10,000
 - Friday, May 28 Dinner \$15,000
 - Saturday, May 29 Lunch \$10,000
- Marriott Offsite Location _____

ROOM SET

- Classroom Podium
- Theater Head table # ppl _____
- Conference
- Hollow Square
- U-shape
- Reception
- Banquet (rounds)

Once space has been assigned and confirmed by WCPU you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility.

PAYMENT INFORMATION: All checks must be payable to the World Congress of Pediatric Urology

FEE DUE: \$ _____ Check amount enclosed: \$ _____

CREDIT CARD    Amount to be charged: \$ _____

Credit Card Number _____ Expiration Date _____ Security Code (3-4 numbers on front or back of card) _____

Name as it appears on credit card _____ Cardholder's Signature _____

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is different please enter below.

Company Name

Street Address

City/State/Postal Code /Country

Complete and return to: WCPU
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Beverly, MA 01915 USA
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