



MARKETING SUPPORT AGREEMENT FORM

Supporter _____

Contact _____

Title _____

Address _____

City/State/ Zip/Country _____

Telephone _____

Fax _____

Email _____

- GOLD LEVEL SUPPORTER - \$15,000
- SILVER LEVEL SUPPORTER - \$10,000
- BRONZE LEVEL SUPPORTER - \$5,000

Support will be recognized on the NESS website and on signage at the meeting.

PAYMENT METHOD

- Check Amount Enclosed:** \$ _____
- WIRE TRANSFER** – Please call our offices at +978.927.8330 for wiring information

Credit Card American Express MasterCard Visa Amount to be charged: \$ _____

Card Number: _____ Expiration Date: _____ Sec Code: _____
(3-4 #s on back of card)

Name as it appears on the 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 not the same please enter below.

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

Company Name

Street Address

City/State/Postal Code /Country

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.