 **PHARMASUG SINGLE DAY EVENT 2020**

 **Friday October 23, 2020 – A Virtual Meeting**

 **CORPORATE SPONSORSHIP FORM**

**GENERAL SPONSOR: ( ) US $850.00**

**Premier SPONSOR: ( ) USD $2300 ; Gold SPONSOR: ( ) USD $1200**

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 – NC2020sde@pharmasug.org - for wire transfer instruction –*** Once payment is received, a receipt will be emailed to you. ***THANK YOU FOR YOUR SPONSORSHIP!***