



2019-2020 Corporate Partnership Opportunity

Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact name: _____ Title: _____

Office Telephone: _____ Office Fax: _____

Corporate web site: _____

Email address: _____

Signature: _____

MAIL OR FAX COMPLETED APPLICATION TO:

**Pennsylvania Rheumatology Society
777 East Park Drive, P.O. Box 8820
Harrisburg, PA 17105-8820
Phone (717) 558-7750, x1599
Fax (717) 558-7841
prs@parheumatology.org**

Enclose \$10,000 Partnership fee payable to PRS or complete the credit card information below. Payment must be received by July 1, 2019.

Visa MasterCard Discover American Express

Credit Card #: _____ **Exp Date:** ____/____ **CVV :** _____

Name on Card: _____

Billing Address: _____

The official registration and financial information of the Pennsylvania Rheumatology Society may be obtained from the Pennsylvania Department of State, Bureau of Charitable Organizations, by calling toll-free within Pennsylvania (800) 732.0999. Registration does not imply endorsement. The tax-exempt number is 25-1792593.