



DueS Invoice – Industry Membership

Industry Membership Definition: a partner within the in pre-hospital stroke management field. The company will pay dues on behalf of two staff members.

**Additional representatives may be added for \$200 each.*

Name of Company: _____

Primary contact name (include credentials): _____

Email address: _____

Phone number: _____

Street address: _____

City: _____ State/province: _____ Zip code: _____ Country: _____

Individuals under this Industry Membership:

1. Name (include credentials):

Email:

2. Name (include credentials):

Email:

Additional Representatives (\$200.00 each)

3. Name (include credentials):

Email:

5. Name (include credentials):

Email:

4. Name (include credentials):

Email:

6. Name (include credentials):

Email:

PRESTO Executive Office 1935 County Road B2 W, Suite 165
Roseville, MN 55113

Phone: (952) 646-2032 • Fax: (888) 381-0170 • Email: connect@prestomsu.org

7. Name (include credentials):

Email:

9. Name (include credentials):

Email:

8. Name (include credentials):

Email:

10. Name (include credentials):

Email:

Please remit payment in the amount of \$2,000 via check or ACH (details below). If you prefer to pay by credit card, please note there is an additional \$60 credit card* processing fee.

Option 1. Mail checks to:

PRESTO
1935 County Line Road B2W, Suite 165
Roseville, MN 55113
USA

Option 2. Complete the attached [direct deposit form](#) and return via mail (see Option 1 for address) with voided check.

Option 3. Credit card payments (Visa, Mastercard and American Express):

Must be FAXED ONLY to +1 (888) 381-0170

Name on Card: _____

Billing Address: _____

Card number: _____

Expiration Date: _____ CVV code: _____

**Credit card payments will be processed for a total amount of \$2,060.00.*

The PRESTO membership year runs January 1 – December 31.

PRESTO is a 501(c)3 non-profit status, which enables your dues to be tax deductible. Please work with your tax advisor to determine how to claim this as a deduction.

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