



## 2025 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 (Add \$200.00 each)

3. Name (include credentials):

Email:

\_\_\_\_\_

\_\_\_\_\_

4. Name (include credentials):

Email:

\_\_\_\_\_

\_\_\_\_\_

5. Name (include credentials):

Email:

\_\_\_\_\_

\_\_\_\_\_

6. Name (include credentials):

Email:

\_\_\_\_\_

\_\_\_\_\_

7. Name (include credentials):

Email:

\_\_\_\_\_

\_\_\_\_\_

8. Name (include credentials):

Email:

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9. Name (include credentials):

Email:

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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 Road B-2 W, Suite 165

Roseville, MN 55113 USA

**Option 2. Credit card payments (Visa, Mastercard and American Express):**

**Must be FAXED ONLY to (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.*

**Option 3. Bank ACH or wire transfer information:**

**For ACH/Domestic:**

Bank: Bremer Bank, NA

Account Name: Prehospital Stroke Treatment Organization

ABA/Routing Number: 096010415

Account Number: 269542970

**For International Wire:**

Bank: Bremer Bank, NA

Bank Address: 372 St Peter St, St. Paul MN USA 55102

SWIFT Code: BRFSUS4T

Account Number: 269542970

Account Name: Prehospital Stroke Treatment Organization

Presto Address: 1935 County Road B2 W Suite 165, Roseville MN 55113

**The PRESTO membership year runs January 1 – December 31.**

PRESTO Executive Office

1935 County Road B-2 W – Suite 165 Roseville, MN

55113

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