2026 Dues Invoice – Industry Membership

Industry Membership Definition: Any company which is involved in stroke care or would be interested in further developing pre-hospital stroke care. Industry membership does include 2 additional individual memberships.

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

Name of Company: _____

Primary contact name (include credentials):_____

Primary contact email address: _____

Billing contact name (if different than primary contact):_____

Billing contact 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:

_____ _____

Please remit payment in the amount of $2,000 via check or credit card (details below). If you prefer to pay by credit card, please note there is an additional 3% 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 (unless you add additional reps).*

Option 3. Bank ACH or wire transfer information:

For ACH/Domestic:
Bank: Old National Bank
Account Name: Prehospital Stroke Treatment Organization
ABA/Routing Number: 086300012
Account Number: 670982818

For International Wire:
Bank: Old National Bank
Bank Address: 1 Main Street, Evansville IN 47708
SWIFT Code: OLNAUS44
Account Number: 670982818
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
Email: connect@prestomsu.org