

MARKETING AGREEMENT FORM

SCVS 45th Annual Symposium

March 18 - 22, 2017

Disney Beach and Yacht Club | Orlando, FL

Exhibitor: _____

Contact: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Email: _____ **Authorized Signature:** _____

By signing this document, company agrees to the following commitment and that a 50% payment is due with this agreement and the balance is due by **December 9, 2016**. In the event of cancellation after December 9th, a refund will not be issued.

All applicable artwork must be submitted to SCVS for approval prior to use. This includes banners, screensavers and ads. Only SCVS exhibitors will be allowed to participate in the SCVS Marketing program. Please select the marketing opportunity:

- ☐ **Hotel Key Cards** **\$6,000**
- ☐ **Lanyards** **\$4,000**
- ☐ **Meeting Bags** **\$5,000**
- ☐ **Mobile App** **\$10,000**

PAYMENT INFORMATION: *For your security, we cannot accept emailed credit card numbers. Please fax them to the secure fax line below.*

FEE DUE: \$ _____

☐ Check amount enclosed: \$ _____

CREDIT CARD ☐  ☐  ☐  **Amount to be charged: \$** _____

Credit Card Number _____
(card)

Expiration Date _____

Security Code (3-4 numbers on front or back of

Name as it appears on credit card

Cardholder's Signature

- ☐ **Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.**
- ☐ Please check if credit card billing address is same as contact information at the top of the form.
- ☐ If billing address is different, please enter below.

Complete and return to:

Society for Clinical Vascular Surgery
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
Phone: 978-927-8330
Fax: 978-524-046