



PRODUCT DESCRIPTION and GIVEAWAY APPROVAL FORM
PLEASE SUBMIT BY December 5, 2017

Company Name: _____

Contact Name: _____

Telephone: _____ FAX: _____

Email: _____

PROGRAM BOOK LISTING

Please email a 50-word product description to industry@savs.org by December 5th. When emailing the description please include the following:

1. "SAVS" in the subject line of your email
2. Company Name
3. Mailing Address
4. Company website address
5. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

EXHIBITOR GIVEAWAY APPROVAL FORM

All promotional items must be approved by the SAVS office prior to the meeting. Samples (if necessary) may be submitted to:

Southern Association for Vascular Surgery
 500 Cummings Center, Suite 4400, Beverly, MA 01915
 FAX: (978) 524-0461

DESCRIPTION	APPROVED	DENIED
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>

****NOTE: NO BAGS OF ANY KIND ARE ALLOWED TO BE DISTRIBUTED AT THE MEETING****

Mail or fax this form by December 5, 2017

Companies will be notified if submitted items are denied via fax or email.