

MARKETING AGREEMENT FORM

Southern Association for Vascular Surgery 43rd Annual Meeting
January 23-26, 2019 ♦ The Boca Raton Hotel ♦ Boca Raton, 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 **Friday, November 9, 2018**. In the event of cancellation after November 9th, a refund will not be issued.

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

- Hotel Key Cards \$5,000
- Conference Bags \$5,000
- Graphic Board \$2,500

I acknowledge that the Southern Association for Vascular Surgery does not allow any Satellite Symposia or Industry related activities to occur during the Annual Meeting.

PAYMENT INFORMATION

FEE DUE: \$ _____

Check amount enclosed: \$ _____

CREDIT CARD    Amount to be charged: \$ _____

Credit Card Number

Expiration Date

Security Code

(3-4 numbers on front or back of card)

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.

_____ Company Name
_____ Street Address
_____ City/State/Postal Code /Country

Complete and return to:
Southern Association for Vascular Surgery
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
industry@savs.org
Phone: 978-927-8330
Fax: 978-524-0461