






45TH ANNUAL
MEETING
 JAN. 27-30, 2021
 THE WESTIN
 KIERLAND
 SCOTTSDALE, AZ

MAILING LIST ORDER FORM

The final pre-registration list is available on a one time, one use basis after January 15, 2021. The fee is \$100.00. The Final registration list is available approximately 2 weeks after the close of the meeting. The fee is \$100.00. Payment and a copy of your mail piece must be included with order form and sent to:

Southern Association for Vascular Surgery
 500 Cummings Center, Suite 4440
 Beverly, MA 01915
 Telephone: 978-927-4562
 Fax: 978-524-0461
industry@savs.org

Please charge \$ _____ to my:   

- Pre registration list \$100.00
- Final registration list \$100.00

Card #: _____ Security Code: _____
 Expiration: ____/____

Name on Card: _____ Signature: _____
 _____ Date: _____

Company Name: _____
 Billing Address: _____
 City/State/Zip: _____
 Email: _____

I understand that I am renting the mailing list for a one-time use only and it is only to be used for the mailer approved by SAVS. Any additional mailings must be submitted again for approval with an additional order form. I understand that the list is seeded to detect unauthorized use. If unauthorized use is found, a \$1,000 fee will be imposed. Orders cancelled prior to the date of the mailing will be subject to a \$50 administrative fee. If order is cancelled after the mailing date, fees are due in full.

Contact Name: _____

Signature: _____ Date: _____