

MARKETING AGREEMENT FORM

Southern Association for Vascular Surgery 45th Annual Meeting
January 27-30, 2021 ♦ The Westin Kierland ♦ Scottsdale, AZ

Please email completed form to industry@savs.org

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 6, 2020**. In the event of cancellation after November 6th, 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:

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Skills Competition | \$5,000 | <input type="checkbox"/> Hotel Key Cards | \$5,000 |
| <input type="checkbox"/> Conference Bags | \$5,000 | <input type="checkbox"/> 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 METHOD: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire until further notice. Please contact industry@savs.org with any immediate concerns. DO NOT EMAIL CREDIT CARD INFORMATION. We will send online payment instructions once the agreement is received at industry@savs.org

WIRE TRANSFER

Email industry@savs.org for instructions

CREDIT CARD   

DO NOT EMAIL full credit card information. We will send online payment instructions once we receive the agreement at industry@savs.org

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

Please check if credit card billing address is same as contact information at the top of the form.

Billing address if different than above: _____