

# Sanitization and PPE Sponsorship Agreement Form

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

Please email completed form to [industry@savs.org](mailto: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, December 6, 2020**. In the event of sponsor cancellation after December 6<sup>th</sup>, a refund will not be issued.

All branding artwork must be submitted to SAVS by December 30<sup>th</sup>, 2020. Please select the marketing opportunity:

- |                                                            |         |                                                 |         |
|------------------------------------------------------------|---------|-------------------------------------------------|---------|
| <input type="checkbox"/> Sanitation Kit                    | \$3,500 | <input type="checkbox"/> Branded Personal Wipes | \$1,500 |
| <input type="checkbox"/> Branded Face Coverings            | \$1,000 | <input type="checkbox"/> Branded Hand Sanitizer | \$1,200 |
| <input type="checkbox"/> Branded Social Distancing Signage | \$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](mailto: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](mailto:industry@savs.org)

WIRE TRANSFER

Email [industry@savs.org](mailto: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](mailto: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: \_\_\_\_\_