GRANT SUPPORT OPPORTUNITIES

Society for Clinical Vascular Surgery
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EDUCATIONAL GRANT OPPORTUNITIES

In order to comply with ACCME guidelines, the following opportunities for support are offered through educational grants.

Focused Sessions

$10,000

Support one of the focused sessions (90 minutes), formerly known as postgraduate courses, within the SCVS program • Acknowledgement in all program materials (print and electronic)

Special Interest Group (SIG) Breakfast Sessions

$ 7,500 per Session

Support one or more of the special interest breakfast sessions (75 minutes) offered on the mornings of Monday (March 14, 2016) and Wednesday (March 16, 2016) • SCVS provides program, faculty and breakfast • Acknowledgement in all program materials (print and electronic)

Annual Symposium Sponsorships

PREMIER PLATINUM

$ 40,000

Exclusive sponsorship for this level • Acknowledgement on signage and in all meeting materials (print and electronic) • On-screen acknowledgement in between scientific sessions • Final program acknowledgement (print and electronic)

PLATINUM

$ 25,000

Acknowledgement on signage and in all meeting materials (print and electronic) • On-screen acknowledgement in between scientific sessions • Final program acknowledgement (print and electronic)

GOLD

$ 15,000

Acknowledgement on signage and in all meeting materials (print and electronic) • On-screen acknowledgement in between scientific sessions • Final program acknowledgement (print and electronic)

SILVER

$ 10,000

Acknowledgement on signage and in all meeting materials (print and electronic) • On-screen acknowledgement in between scientific sessions • Final program acknowledgement (print and electronic)

BRONZE

$ 7,500

Acknowledgement on signage and in all meeting materials (print and electronic) • On-screen acknowledgement in between scientific sessions • Final program acknowledgement (print and electronic)
EDUCATIONAL GRANT FORM
SOCIETY FOR CLINICAL VASCULAR SURGERY (SCVS)
44th Annual Symposium / March 12–16, 2016 – Bellagio Hotel – Las Vegas, Nevada

Exhibitor: ________________________________________________________________

Contact: ___________________________________ Title: _______________________

Address: ______________________________________________________________________

City: __________________ State: __________ Country: __________ Zip: ____________

Telephone: __________________ Fax: ____________________

Email: _________________________________________________________________

Authorized Signature: ___________________________________________________

Once the SCVS receives this agreement you will be notified regarding approval of your request. All companies providing educational grants are required to complete an approved Letter of Agreement for all CME activities. If a company requires its own Letter of Agreement, that agreement must be submitted for approval.

Should supporter cancel support on or after February 15, 2016, 100% of the support fee is due. Any cancellations submitted prior to February 15, 2016 are subject to a 25% processing fee.

Please check your educational grant selection below:

CME SUPPORT:

☐ PREMIER PLATINUM LEVEL $40,000
☐ PLATINUM LEVEL $25,000
☐ GOLD LEVEL $15,000
☐ SILVER LEVEL $10,000
☐ BRONZE LEVEL $7,500
☐ FOCUSED SESSIONS $10,000
☐ SIG BREAKFAST per session $7,500 # sessions ___ = Total Amount $ _____

PAYMENT METHOD: Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

☐ Check Amount enclosed: $___________

☐ Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

☐ American Express ☐ MasterCard ☐ Visa

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 _______________________________________________________

☐ WIRE TRANSFER Please call our offices at 978.927.8330 for wiring information.

☐ 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 it below.

Company Name ______________________________
Street Address ______________________________
City/State/Postal Code/Country ____________________