



MAILING LIST ORDER FORM

The final pre-registration list is available in (seeded) excel format on a one time, one use basis after **February 23, 2018**. The cost is \$100. The Final registration list is available approximately 2 weeks after the close of the meeting on **May 4th**. The fee is \$100.00. Payment along with a copy of your mail piece must be included with order form and sent to:

Society for Clinical Vascular Surgery
 500 Cummings Center, Suite 4400
 Beverly, MA 01915
 Telephone: 978-927-8330
 Fax: 978-524-0461

- Pre registration list \$100.00
 - Final registration list \$100.00
- TOTAL CHARGE: _____

Company Name: _____ Contact name: _____

Telephone: _____ Email: _____

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 Enclosed AMOUNT: _____

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

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

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

By signing this document, sponsor agrees to the above grant commitment and that a 50% payment is due with this agreement, with the balance due by July 14, 2017. In the event of cancellation, a refund will not be issued. All artwork must be submitted to CHSS for approval prior to use. This includes banners, screensavers, and ads. Sponsorships will be assigned in order of receipt of Agreements with deposits.

Authorized Signature: _____ Date: _____