



**MARKETING SUPPORT OPPORTUNITIES AGREEMENT FORM**

Complete and return to: **Society for Clinical Vascular Surgery | 500 Cummings Center, Suite 4400 | Beverly, MA 01915**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ Zip/Country

\_\_\_\_\_  
Telephone Fax Email

**Please select your support activities below:**

- Symposium Breakfast.....\$10,000
- Wifi..... \$10,000
- HOTEL KEYCARDS.....\$6,000
- Symposium Luncheon.....\$12,000
- Mobile App.....\$10,000
- MEETING BAGS.....\$5,000

**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 December 8, 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: \_\_\_\_\_