



**EXHIBITOR DESCRIPTION (for printed program & Mobile App) & GIVEAWAY APPROVAL FORM**

**PLEASE SUBMIT BY February 2, 2018 to get your information into the printed program.**

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact name/Email/telephone filing out this form: \_\_\_\_\_

**MOBILE APP LISTING**

Please email a 50-word product description to [industry@scvs.org](mailto:industry@scvs.org) by March 2<sup>nd</sup> to be included in the Mobile app. When emailing the description please include the following:

1. "SCVS" in the subject line of your email
2. Company Name
3. Mailing Address
4. Appropriate contact email address
5. Company website address
6. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

**EXHIBITOR GIVEAWAY APPROVAL FORM**

All promotional items must be approved by the SCVS office prior to the meeting:

Society for Clinical Vascular Surgery  
500 Cummings Center, Suite 4400  
Beverly, MA 01915  
[industry@scvs.org](mailto:industry@scvs.org) FAX: (978) 524-0461

**DESCRIPTION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Email or fax this form by February 2, 2018**

**Companies will be notified by fax or email only if the submitted items are denied.**