

EDUCATIONAL GRANT FORM

SCVS 47th Annual Symposium
March 16 - 20, 2019
Boca Raton Hotel | Boca Raton, Florida



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 November 2, 2018, 100% of the support fee is due. Any cancellations submitted prior to November 2, 2018 are subject to a 25% processing fee.

Please check your educational grant selection below:

CME SUPPORT:

- | | | | |
|---|-----------------------|---|----------|
| <input type="checkbox"/> PREMIER PLATINUM LEVEL | \$40,000 | <input type="checkbox"/> SILVER LEVEL | \$10,000 |
| <input type="checkbox"/> PLATINUM LEVEL | \$25,000 | <input type="checkbox"/> BRONZE LEVEL | \$7,500 |
| <input type="checkbox"/> GOLD LEVEL | \$15,000 | <input type="checkbox"/> FOCUSED SESSIONS | \$10,000 |
| <input type="checkbox"/> SIG BREAKFAST | \$7,500 / per session | # 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.

Complete and Return to:

Society for Clinical Vascular Surgery
500 Cummings Center, Suite 4400
Beverly, MA 01915
Phone 978-927-8330
Fax 978-524-0461
industry@scvs.com

- 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