

# MARKETING AGREEMENT FORM

SCVS 47<sup>th</sup> 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: \_\_\_\_\_

By signing this document, company agrees to the following commitment and that a 50% payment is due with this agreement and the balance is due by **November 2, 2018**. In the event of cancellation after November 2<sup>nd</sup>, a refund will not be issued.

All applicable artwork must be submitted to SCVS for approval prior to use. This includes banners, screensavers and ads. Only SCVS exhibitors will be allowed to participate in the SCVS Marketing program. Please select the marketing opportunity:

<input type="checkbox"/> Hotel Key Cards	\$6,000	<input type="checkbox"/> Mobile App	\$10,000
<input type="checkbox"/> Meeting Bags	\$5,000	<input type="checkbox"/> WiFi	\$12,000

**PAYMENT INFORMATION:** For your security, we cannot accept emailed credit card numbers. Please fax them to the secure fax line below.

FEE DUE: \$ \_\_\_\_\_

Check amount enclosed: \$ \_\_\_\_\_

CREDIT CARD       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

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

**Complete and return to:**

Society for Clinical Vascular Surgery  
500 Cummings Center, Suite 4400  
Beverly, MA 01915 USA  
Phone: 978-927-8330  
Fax: 978-524-046