



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

PLEASE SUBMIT BY February 21, 2020 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 by February 21 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 FAX: (978) 524-0461

DESCRIPTION

1. _____
2. _____
3. _____

Email or fax this form by February 21, 2020

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