

INDUSTRY SATELLITE SYMPOSIUM APPLICATION

SCVS 48th Annual Symposium
March 14 - 18, 2020
Hyatt Regency Hotel | Huntington Beach, California



Exact Title of Symposium _____ Name of Accrediting Organization _____
Supporting Company Name _____ Contact Name _____
Address _____ City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____

Brief Description of Meeting:

Target Audience: _____ **Expected Attendance:** _____

DAY/DATE/TIME OF MEETING
 Monday, March 16th **\$12,000 (3 Concurrent)** **Tuesday, March 17th** **\$10,000 (3 Concurrent)**
Lunch 1:00 pm - 2:15 pm **Breakfast** 7:00 am - 8:15 am

Once space has been assigned and confirmed by SCVS you will be put in direct contact with a catering representative. Catering, special set fees, additional AV, electrical/ telecommunications, and labor are not included in the fee. Each Supporter is responsible for all charges to the facility. By signing below you are authorizing SCVS to charge the total fee indicated on this form to your credit card.

Signature Date

PAYMENT INFORMATION: All checks must be payable to the Society for Clinical Vascular Surgery (SCVS)
For your security, we cannot accept emailed credit card numbers. Please fax them to the secure fax line below.

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 it below.

Company Name

Street Address

City/State/Postal Code /Country

Complete and return to:
SCVS
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
978-927-8330 Fax: 978-524-0461