INDUSTRY SATELLITE SYMPOSIUM APPLICATION

Exact Title of the Symposium **Name of Accrediting Organization *(if applicable)***

Supporting Company Name **Contact Name**

Address **City** **State/Providence** **Zip** **Country**

Phone **Fax** **Email**

Brief Description of the Symposium:

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

DAY/DATE/TIME CHOICE OF MEETING:

☐ **Monday, March 21st $12,000** *(3 Concurrent Available)*
Luncheon 1:00 pm - 2:15 pm

☐ **Tuesday, March 22nd $10,000** *(3 Concurrent Available)*
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 symposium sponsor 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 ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard **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 the contact information at the top of this form.
❑ If billing address is different please enter it below.

_____
Company Name

_____
Street Address

_____
City/State/Postal Code /Country

Please complete and return this form to:

SCVS
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
Secure Fax: + 978-524-0461

❑ **WIRE TRANSFER:** If preferred payment, please call the SCVS offices at +978.927.8330 for wiring information.