EDUCATIONAL GRANT FORM

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

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 1, 2019, 100% of the support fee is due. Any cancellations submitted prior to November 1, 2019 are subject to a 25% processing fee.

Please check your educational grant selection below:

CME SUPPORT:
- $40,000  ❑ PREMIER PLATINUM LEVEL
- $25,000  ❑ PLATINUM LEVEL
- $15,000  ❑ GOLD LEVEL
- $10,000  ❑ SILVER LEVEL
- $7,500  ❑ BRONZE LEVEL
- $10,000  ❑ FOCUSED SESSIONS
- $7,500  ❑ SIG BREAKFAST  / 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.

[ ] Please check if credit card billing address is same as contact information at the top of the form.

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