

MARKETING AGREEMENT FORM

SCVS 48th Annual Symposium
March 13 - 17, 2021
Loews Miami Beach Hotel | Miami, 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 **December 18, 2020**. In the event of cancellation after December 18th, 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:

____ Hotel Key Cards	\$6,000	____ Mobile App	\$10,000
____ Meeting Bags	\$5,000	____ WiFi	\$15,000

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