

# INDUSTRY SATELLITE SYMPOSIUM APPLICATION

**SCVS 48<sup>th</sup> Annual Symposium**  
**March 13 - 17, 2021**  
**Loews Miami Beach Hotel | Miami, Florida**



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 15<sup>th</sup> \$12,000 (3 Concurrent)**  **Tuesday, March 16<sup>th</sup> \$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