



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 27th \$12,000 (3 Concurrent Available) **Tuesday, March 28th \$10,000** (3 Concurrent Available)
 Luncheon 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 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 METHOD:

• **CHECK** Amount Enclosed: \$ _____
CREDIT CARD •  •  •  Amount to be charged: \$ _____

Once your agreement is received we will issue a confirmation with an on line payment link.

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

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE PRINT NAME TITLE

Please complete and return this form to: industry@scvs.org

-or-
SCVS
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA