



SOCIETY FOR CLINICAL VASCULAR SURGERY
37TH ANNUAL SYMPOSIUM
March 18-21, 2009
HARBOR BEACH FORT LAUDERDALE RESORT & SPA
FORT LAUDERDALE, FLORIDA

SUPPORT OPPORTUNITIES AGREEMENT

Complete and return to: Yvonne Grunebaum - SCVS
 900 Cummings Center, Suite 221-U
 Beverly, MA 01915
 Phone: 978.927.8330 Fax: 978.524.0498 Email: ygrunebaum@prri.com

Exhibitor/Supporter: _____

Contact _____ Title _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax _____ Email _____

Authorized Signature _____ Date _____

Once the SCVS receives your Support Opportunities Agreement you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

Should supporter cancel support on or after January 9, 2009, 100% of the support fee is due.

Please check your support selection below:

CME SUPPORT:

- | | | | |
|--|----------|---------------------------------------|----------|
| <input type="checkbox"/> PLATINUM LEVEL | \$25,000 | <input type="checkbox"/> SILVER LEVEL | \$10,000 |
| <input type="checkbox"/> GOLD LEVEL | \$15,000 | <input type="checkbox"/> BRONZE LEVEL | \$ 7,500 |
| <input type="checkbox"/> POSTGRADUATE COURSE | \$10,000 | | |

NON CME SUPPORT:

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> HANDS-ON STATION | \$10,000 | <input type="checkbox"/> SIG BREAKFAST per session | \$ 7,500 |
| <input type="checkbox"/> LUNCHEON SYMPOSIUM | \$10,000 | # sessions _____ = Total Amount \$ _____ | |

PAYMENT METHOD:

CHECK: amount enclosed: \$ _____ CREDIT CARD: American Express MasterCard Visa

Amount: \$ _____ Credit Card Number: _____ Exp Date: _____ Security Code: _____
(3-4 numbers on front or back of card)

Cardholder's Signature _____ Name as it appears on credit card _____

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

FOR SCVS USE ONLY

Date received: _____ Total Amount due: _____
 \$ _____

Amount received: _____ Accepted by: _____

ID #: _____