

# INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

## SCVS 37<sup>TH</sup> Annual Symposium

March 18-21, 2009

HARBOR BEACH FORT LAUDERDALE RESORT & SPA  
FORT LAUDERDALE, FLORIDA

Exact Title of Symposium		Name of Accrediting Organization		
Sponsoring 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

- Thursday, March 19 12:00 N – 1:15 pm  
\$10,000  
(1 of 3 available)

### ROOM SET

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Banquet (rounds)     |
| <input type="checkbox"/> Theater    | <input type="checkbox"/> Hollow Square        |
| <input type="checkbox"/> Conference | <input type="checkbox"/> U-shape              |
| <input type="checkbox"/> Reception  | <input type="checkbox"/> Podium               |
|                                     | <input type="checkbox"/> Head table #ppl_____ |

Once space has been assigned and confirmed by SCVS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/ telecommunications, and labor are not included in the fee. Each sponsor is responsible for all charges to the facility. By signing below you are authorizing AATS 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)

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 \_\_\_\_\_

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

900 Cummings Center, Suite 221-U

Beverly, MA 01915 USA

978-927-8330 Fax: 978-524-0498

ygrunebaum@prri.com