

EDUCATIONAL GRANT FORM

SCVS 38TH Annual Meeting / April 6-10, 2010 – Westin Kierland – Scottsdale, AZ

Exhibitor: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

Once the SCVS receives this agreement you will be notified regarding approval of your request. Those companies providing educational grants are required to complete an approved Letter of Agreement for all CME activities. If a company requires its own Letter of Agreement, that agreement must be submitted for approval.

Should supporter cancel support on or after January 8, 2010, 100% of the support fee is due.

Please check your educational grant 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"/> FOCUSED SESSIONS | \$10,000 | <input type="checkbox"/> SIG BREAKFAST | per session \$ 7,500 |
| | | # sessions _____ = Total Amount \$ _____ | |

MARKETING SUPPORT:

- HANDS-ON STATION (please fill out additional application) \$10,000
 LUNCHEON SYMPOSIUM (please fill out additional application) \$10,000

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

Complete and Return to:
Jennifer Gecawicz, Exhibits Coordinator
Society for Clinical Vascular Surgery
900 Cummings Center, Suite 221-U
Beverly, MA 01915
Phone 978-927-8330
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