

# HANDS-ON STATION APPLICATION

**SCVS 38<sup>TH</sup> Annual Symposium**  
**April 6-10, 2010**  
**Westin Kierland**  
**Scottsdale, Arizona**



Sponsoring Company Name		Contact Name		
Address	City	State	Zip	Country
Phone	Fax	Email		

**Location Preference:**  
**10' x 12' Booth \$10,000**

1<sup>st</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

### HANDS-ON SET:

- Electrical (Please order through service kit)
- # of Tables: \_\_\_\_\_ (2 max 10x12 booth)
- # of Chairs: \_\_\_\_\_ (10 max per 10x12 booth)

**\*Please send a booth sketch to [jgecawicz@prri.com](mailto:jgecawicz@prri.com) by March 15, 2010**

Once space has been assigned and confirmed by SCVS you will be put in direct contact with an A/V representative. 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 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)**

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**

**Attn: Jennifer Gecawicz**

900 Cummings Center, Suite 221-U

Beverly, MA 01915 USA

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

[jgecawicz@prri.com](mailto:jgecawicz@prri.com)