

INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

SCVS 38TH Annual Symposium
April 6-10, 2010
Westin Kierland
Scottsdale, Arizona



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, April 8 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 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