

EDUCATIONAL GRANT AGREEMENT FORM

SAVS 35TH Annual Meeting / January 19-22, 2011 – Ritz Carlton – Naples, Florida

Exhibitor: _____

Contact: _____ Title: _____

Address: _____

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

Telephone: _____ Fax: _____

Email: _____

Authorized Signature: _____

By signing this document, company agrees to the following commitment and that a 50% payment is due with this agreement and the balance is due by September 3, 2010. In the event of cancellation after September 3rd, a refund will not be issued.

All applicable artwork must be submitted to SAVS for approval prior to use. This includes banners, screensavers and ads. Only SAVS exhibitors will be allowed to participate in the SAVS Educational Grant program.

Please check which sponsorship you are selecting:

- Platinum Sponsor \$30,000
- Gold Sponsor \$20,000
- Silver Sponsor \$10,000
- Bronze Sponsor \$ 5,000

Marketing Support:

- Conference Bag Sponsor \$ 5,000

***Due to stricter ACCME regulations, exhibit space will no longer be offered as part of your package. Exhibit space will have to be in addition to your educational support.**

PAYMENT INFORMATION

FEE DUE: \$ _____

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 below.

Company Name

Street Address

City/State/Postal Code /Country

Complete and return to:

Yvonne Grunebaum, CEM

Director of Industry Relations

Southern Association for Vascular Surgery

900 Cummings Center, Suite 221-U,

Beverly, MA 01915 USA

ygrunebaum@prri.com 978-927-8330 Fax: 978-524-0498