



SOUTHERN ASSOCIATION FOR VASCULAR SURGERY
35th Annual Meeting
January 19-22, 2011
Naples, FL

PRODUCT DESCRIPTION and GIVEAWAY APPROVAL FORM
PLEASE SUBMIT BY December 1, 2010

Company Name: _____
Contact Name: _____
Telephone: _____ FAX: _____
Email: _____

PROGRAM BOOK LISTING

Please email a 50-word product description to jgecawicz@prri.com by December 1st to be included in the Final Program Book. When emailing the description please include the following:

1. "SAVS" in the subject line of your email
2. Company Name
3. Mailing Address
4. Appropriate contact email address
5. Company website address
6. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

EXHIBITOR GIVEAWAY APPROVAL FORM

All promotional items must be approved by the SAVS office prior to the meeting. Samples (if necessary) may be submitted to:

Jennifer Gecawicz
Southern Association for Vascular Surgery
900 Cummings Center, Suite 221-U
Beverly, MA 01915

FAX: (978) 524-0498

	DESCRIPTION	APPROVED	DENIED
1.	_____		
2.	_____		
3.	_____		

****NOTE: NO BAGS OF ANY KIND ARE ALLOWED TO BE DISTRIBUTED AT THE MEETING****

Mail or fax this form by December 1, 2010

Companies will be notified by fax or email of the approval or denial of submitted items.