



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

PRE-REGISTRATION LABELS ORDER FORM

The final pre-registration list is available on a one time, one use basis after December 13, 2010. The cost is \$100.⁰⁰. All labels will be sent 3-up pressure sensitive in zip code order. Payment and a copy of your mail piece must be included with order form and sent to:

Southern Association for Vascular Surgery
Attn: Jennifer Gecawicz
900 Cummings Center, Suite 221-U
Beverly, MA 01915
Telephone: 978-927-8330
Fax: 978-524-0498
jgecawicz@prri.com

Please charge \$100.⁰⁰ to my:   

Card #: _____ Security Code: _____ Exp: _____ / _____

Name On Card: _____ Signature: _____ Date: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____ Date: _____

NOTE: If you would like the labels sent Federal Express, include your account number below.

Federal Express Account #: _____
 Overnight Second Day

Approved By: _____ Payment Processed: _____ Returned to: _____ Mailed On: _____