

New England Society for Vascular Surgery

46th Annual Meeting | September 13-15, 2019 Omni Providence Hotel I Providence, Rhode Island

Application DEADLINE: TUESDAY, AUGUST 13, 2019

Company Name		Exhibitor Coordinator/Title
Address		City/State/Zip
Daytime Telephone		Fax
Email Address		
Marketing Selec	ction [50% Deposit Due With Application]	Educational Grant [50% Deposit Due With Application]
☐ Platinum Level (\$30,00	00) Bronze Level (\$10,000)	☐ Platinum Level (\$30,000) ☐ Welcome Reception (\$15,000)
☐ Gold Level (\$20,000) ☐ Silver Level (\$15,000)	☐ Satellite Symposium (\$15,000)	☐ Gold Level (\$20,000) ☐ Coffee Break (\$5,000/day) ☐ Silver Level (\$15,000) ☐ Other Amount:
Silver Level (\$13,000)		☐ Bronze Level (\$10,000)
Exhibit Only [50%	Deposit Due With Each Application]	
☐ Tabletop Exhibit (\$5,00	00)	
Placement In th	e Exhibit Hall [Every attempt will be r	made to honor placement requests. However, requests cannot be guaranteed.]
	2 nd Choice: 3 rd Choice:	
If possible, please avoid sp	pace near the following company:	
We agree to abide by the	terms and conditions printed in this exhibit	or prospectus: [Please Check]
Product/Equipm	nent Being Displayed	
Please list the product/eq	uipment to be displayed at the Annual Mee	ting:
Payment Inforn	nation	
FINAL PAYMENT	Full payment is due 30-days prior to the start of the NESVS Annual Meeting.	
CANCELLATION POLICY	Cancellations received in writing 45-days prior to the start of the Annual Meeting will be subject to a 25% administrative fee. No refunds for cancellations will be made within 45-days of the Annual Meeting.	
PAYMENT BY CHECK	Please make checks payable to the New England Society for Vascular Surgery and mail to: 100 Cummings Center, Suite 124-A, Beverly, MA 01915	
PAYMENT METHOD ☐ MasterCard ☐ VISA ☐ American Express ☐ Check (Check #:)		n Express Check (Check #:)
	Credit Card #:	Exp: / CVV Code:
	Billing Address:	