



New England Society for Vascular Surgery

45th Annual Meeting | October 12-14, 2018
Cliff House | Cape Neddick, Maine

Application

DEADLINE: WEDNESDAY, SEPTEMBER 12, 2018

Company Name	Exhibitor Coordinator/Title
Address	City/State/Zip
Daytime Telephone	Fax
Email Address	

Marketing Selection [50% Deposit Due With Application]

- Platinum Level (\$15,000) Bronze Level (\$6,000)
 Gold Level (\$12,000) Wireless Access (\$15,000)
 Silver Level (\$8,000) Hotel Key Cards (\$5,000)

Educational Grant [50% Deposit Due With Application]

- Platinum Level (\$15,000) Welcome Reception (\$15,000)
 Gold Level (\$12,000) Coffee Break (\$5,000)
 Silver Level (\$8,000) Attendee Bags (\$7,500)
 Bronze Level (\$6,000) Other Amount: _____

Exhibit Only [50% Deposit Due With Each Application]

- Tabletop Exhibit (\$3,000)

Placement In the Exhibit Hall [Every attempt will be made to honor placement requests. However, requests cannot be guaranteed.]

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

If possible, please avoid space near the following company: _____

We agree to abide by the terms and conditions printed in this exhibitor prospectus: [Please Check]

Product/Equipment Being Displayed

Please list the product/equipment to be displayed at the Annual Meeting: _____

Payment Information

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 #: _____)

Credit Card #: _____ Exp: ____ / ____ CVV Code: _____

Billing Address: _____

Billing City/State/Postal Code: _____

Name As It Appears On Card: _____

PLEASE EMAIL COMPLETED APPLICATION TO NESVS@ADMINISTRARE.COM OR FAX TO 978-927-7872.