



The International College of Angiology

65th ANNUAL WORLD CONGRESS | SEPTEMBER 22-28, 2024
The Ritz-Carlton Maui
Kapalua, Maui

ICA 2024 MARKETING SUPPORT AGREEMENT

Company Name:			
Primary Contact		Title	
Address			
City	State	Zip Code	Country
Telephone	Fax	Email for Contact	
Authorized Signature			
Print Name	Title	Date	

MARKETING SUPPORT:

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> BUFFET BREAKFAST | \$7,500/day | <input type="checkbox"/> AM BREAKS | \$5,000/break |
| <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr | | <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr | |
| <input type="checkbox"/> FACULTY DINNER (Monday) | \$15,000 | <input type="checkbox"/> SUNSET COCKTAIL RECEPTION | \$17,000 |
| <input type="checkbox"/> HAWAIIAN LUAU DINNER (Wednesday) | \$25,000 | <input type="checkbox"/> SPONSORED DINNER | \$25,000 |
| <input type="checkbox"/> MEETING BAGS | \$5,000 | <input type="checkbox"/> MEETING BAG INSERT | \$5,000/per insert |
| <input type="checkbox"/> FINAL PROGRAM ADVERTISING | <input type="checkbox"/> BACK PROGRAM | \$10,000 | <input type="checkbox"/> 1-PAGE INSERT |
| | | | \$5,000 |

PAYMENT METHOD:

Fees are payable via credit card or check. *Please note that credit card transactions will be charged a 3.5% fee.* Checks must be drawn on a U.S. bank and are payable to: International College of Angiology and mailed to our Executive Office: 161 Morin Drive, Jay, VT 05859.

Credit Card Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check Nr. _____
Credit Card Number:	Amount \$ _____			
Expiration Date: _____/_____/_____	CCV/Security Code: _____	Billing Zip/Postal Code: _____		
	(Required)		(Required)	
Name As It Appears on Card:				
Authorized Signature:				
Billing Contact Name:	Billing Contact Phone Number:			
Billing Contact Address				
City	State	Zip Code	Country	
Billing Contact E-Mail Address:				

By signing this agreement, sponsor agrees that this is a legally binding contract, and that payment is due with this agreement no later than June 15, 2024. In the event of cancellation, a refund will not be issued unless the sponsorship is resold at the full amount. At that time a full refund will be issued.

Once we receive your signed agreement, we will send you a confirmation along with an online secure payment link

Mail Agreement to: International College of Angiology, Inc. – ICA 2023

Attn: Denise M. Rossignol | 161 Morin Drive | Jay, VT 05859 | Phone: +802.988.4065 | Fax: +802.988.4066 | Email: denisemrossignol@cs.com