



The International College of Angiology

64th ANNUAL WORLD CONGRESS | SEPTEMBER 12-16, 2023
Adler Health Education Center-Genesis Heart Institute
Davenport, Iowa
A World Renowned River Destination

ICA 2023 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"/> INDUSTRY SUPPORTED SYMPOSIA DINNER (Wednesday) | \$25,000 | <input type="checkbox"/> AM BREAKS | <input type="checkbox"/> PM BREAKS | 5,000/break |
| <input type="checkbox"/> RECEPTION & DINNER AT THE FIGGE (Thursday) | \$25,000 | <input type="checkbox"/> Tu | <input type="checkbox"/> We | <input type="checkbox"/> Th |
| <input type="checkbox"/> BREAKFAST | \$5,000/day | <input type="checkbox"/> Fr | <input type="checkbox"/> Sa | |
| <input type="checkbox"/> LUNCHEON | \$10,000/day | <input type="checkbox"/> Tu | <input type="checkbox"/> We | <input type="checkbox"/> Th |
| <input type="checkbox"/> MEETING BAGS | | <input type="checkbox"/> Fr | <input type="checkbox"/> Sa | |
| <input type="checkbox"/> FINAL PROGRAM ADVERTISING | | <input type="checkbox"/> DINNER (Thurs) | | \$25,000 |
| <input type="checkbox"/> BACK PROGRAM | \$10,000 | <input type="checkbox"/> FACULTY DINNER (Tuesday) | | \$25,000 |
| <input type="checkbox"/> 1-PAGE INSERT | \$5,000 | <input type="checkbox"/> MEETING BAG INSERT | | \$5,000/per insert |

PAYMENT METHOD:

Fees are payable via credit card or check. *Please note that credit card transactions over \$25,000, 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: _____ / _____	MM/YYYY	CCV/Security Code: _____	(Required)	Billing Zip/Postal Code: _____
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 July 15, 2023. 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. | Attn: Denise M. Rossignol | 161 Morin Drive | Jay, VT 05859 | Phone: +802.988.4065 | Email: denisemrossignol@cs.com