



SUPPORT OPPORTUNITIES APPLICATION FORM

Complete and return to: **Yvonne Grunebaum, Director of Industry Relations**

Southern Association for Vascular Surgery

900 Cummings Center, Suite 221-U

Beverly, MA 01915

(978) 927-8330 / FAX: (978) 524-0498

email: ygrunebaum@prri.com

SAVS 33rd Annual Meeting

Company Name: _____

Contact: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Authorized Signature: _____

By signing this document, sponsor agrees to the following sponsorship commitment and that a 50% payment is due with this agreement and the balance is due by September 5, 2008. In the event of cancellation after September 5th, a refund will not be issued.

All artwork must be submitted to SAVS for approval prior to use. This includes banners, screensavers and ads. Only SAVS exhibitors will be allowed to participate in the SAVS sponsorship program. Sponsorships will be assigned in order of receipt of insertion orders with deposits.

Please check which sponsorship you are selecting:

Platinum Sponsor \$30,000

Gold Sponsor \$20,000

Silver Sponsor \$10,000

Presidential Banquet Sponsor \$25,000

Conference Bag Sponsor \$ 5,000

Bronze Sponsor \$ 5,000

***Due to stricter ACCME regulations, exhibit space will no longer be offered as part of your package. Exhibit space will have to be in addition to your educational support.**

PAYMENT METHOD:



Check amount enclosed: \$ _____

Amount to be charged: _____

Credit Card Number: _____ Exp Date: _____ Security Code: _____

Signature: _____

Check here is credit card billing address is same as above

Check if address is different and fill out below.

Company

Address

City/State/ Zip

PLEASE NOTE:
Booth fees will not be included with support.

For SAVS use:

Date received: _____

Total Amount due: \$ _____ Amount received: \$ _____

Accepted by: _____

ID #: _____