

SUPPORT AND EXHIBIT CONTRACT
2008 ANNUAL MEETING
May 29 – June 1, 2008
Hyatt Regency Minneapolis
Minneapolis, Minn., USA



(formerly Society for Vascular Medicine and Biology)

Please print or type

INSTITUTION/COMPANY/ORGANIZATION

NAME OF CONTACT PERSON

DEPARTMENT

STREET ADDRESS

CITY STATE/PROVINCE

ZIP CODE/POSTAL CODE COUNTRY

WORK PHONE WORK FAX

E-MAIL

COMPANY WEB SITE ADDRESS

The undersigned hereby authorizes the Society for Vascular Medicine (SVM, formerly SVMB) to reserve exhibit space and/or support package for use by the above company or organization. The undersigned hereby agrees to abide by the Rules and Regulations printed on the reverse side of this contract, and to all conditions under which exhibit space is leased to SVM and support packages are permitted. The undersigned acknowledges that space assignments shall be acceptable unless SVM is notified in writing within fifteen (15) days of the date of assignment notification. The undersigned specifies that the descriptions of products or services listed on this contract are those to be displayed.

Support packages are awarded on a first-come, first-served basis beginning at a date and time determined by SVM. An SVM staff member will contact supporters to make specific arrangements. SVM retains the right to accept or reject any exhibit or offer of support.

SIGNATURE DATE

NAME (PRINT OR TYPE)

Mail a copy of this contract with full payment to:

Submit the signed contract to SVM. Retain a copy for your records. Forms are also available at www.vascularmed.org.

Society for Vascular Medicine
60 Revere Drive, Suite 500
Northbrook, IL 60062 USA
Tel: 847/480-2961 Fax: 847/480-9282 info@vascularmed.org

Exhibits and Support Packages

EXHIBITS

NUMBER OF TABLE TOPS ORDERED _____ X \$1,000 _____

SUBTOTAL \$ _____

DO NOT ASSIGN BOOTH NEXT TO THE FOLLOWING COMPANIES:

SUPPORT OPPORTUNITIES

NAME OF SUPPORT OPPORTUNITY/COST

PLATINUM \$50,000 _____ \$ _____

GOLD \$35,000 _____ \$ _____

SILVER \$15,000 _____ \$ _____

BRONZE \$10,000 _____ \$ _____

GENERAL \$1,500 _____ \$ _____

TAKE ONE TABLE PARTICIPATION x \$500 = _____ \$ _____

PUBLICATION DEPOT PARTICIPATION x \$500 = _____ \$ _____

TOTAL EXHIBITS AND SUPPORT PACKAGES \$ _____

Payment

Payment in U.S. funds must accompany application.
 SVM Taxpayer ID: 34-1623552

AMOUNT OF CHECK OR CREDIT CARD CHARGE \$ _____

CHECK # _____

Make check payable to Society for Vascular Medicine

VISA MASTERCARD AMERICAN EXPRESS

Card # _____ Exp date _____

Name _____

Signature _____

Credit card billing address if different than contact address:

FOR OFFICE USE	
_____	TTO/SO ASSIGNED
_____	TOTAL DUE
_____	PAYMENT RECEIVED