

# INDUSTRY SATELLITE SYMPOSIUM APPLICATION

EVS 31st Annual Meeting  
October 5-8, 2017  
The Westin Savannah Harbor, Savannah, GA



Exact Title of Symposium		Name of Accrediting Organization		
Supporting Company Name		Contact Name		
Address	City	State	Zip	Country
Phone	Fax	Email		

Brief Description of Meeting:

Target Audience: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

**Breakfast Symposia (\$10,000)**

- Friday, October 6<sup>th</sup> 7:00 am - 8:00 am  
(2 available)
- Saturday, October 7<sup>th</sup> 6:30 am - 7:30 am  
(2 available)

**Lunch Symposia (\$15,000)**

- Friday, October 6<sup>th</sup> 12:15 pm - 1:15 pm  
(2 available)
- Saturday, October 7<sup>th</sup> 12:15 pm - 1:15 pm  
(2 available)

**Evening Symposia (\$15,000)**

- Friday, October 6<sup>th</sup> 6:30 pm - 7:30 pm  
(2 available)

Once space has been assigned and confirmed by EVS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/ telecommunications and labor are not included in the fee. Each Support is responsible for all charges to the facility. By signing below you are authorizing EVS to charge the total fee indicated on this form to your credit card.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAYMENT INFORMATION:** Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

**All checks must be payable to the Eastern Vascular Society (EVS)**

Check amount enclosed: \$ \_\_\_\_\_

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

CREDIT CARD



Amount to be charged: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3-4 numbers on front or back of card) \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

- Please check if credit card billing address is same as contact information at the top of the form.  
 If billing address is different please enter it here:  
\_\_\_\_\_

**Complete and return to:  
EVS  
500 Cummings Center, Suite  
4400  
Beverly, MA 01915 USA  
Phone: 978-927-8330**