



THE EASTERN VASCULAR SOCIETY

September 24-26, 2009

Loews Philadelphia Hotel ~ Philadelphia, PA

APPLICATION FOR EXHIBIT SPACE



Complete and return to:

Terri R. Comegys, CMP,
Executive Director and Conference Manager
Eastern Vascular Society
19 North St., Salem, MA 01970
Tel: 978/745-8331; Fax: 978/745-8334

OFFICIAL USE ONLY:

Date: _____
Assignment: _____
Deposit: \$ _____
Balance Due: \$ _____
PIF Date: _____
Balance \$ _____

We would like to participate as follows:

- Gold Partner – Gold Level Exhibit - \$10,000
 Silver Partner – Silver Level Exhibit - \$5,000
 General Exhibitor - \$2,500

We would like to reserve _____ Display* Space Preference: First Choice _____ Second Choice _____ Third Choice _____

Please avoid space assignment next to the following companies: _____

Our exhibit will consist of the following products/services (50 word limit) – Please include here or send by email to: evs@bostonbased.com

We understand that the deadline for receipt of the exhibit application is August 14, 2009. A 50% deposit must be enclosed with the Application for Exhibit Space and the balance must be paid by August 31, 2009. Please make checks payable to the Eastern Vascular Society.

We agree to abide by the rules and regulations as set in the Official Exhibitor Prospectus.

SIGNED: _____ DATE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____ FAX: _____

EMAIL: _____

CONTACT: _____ TITLE: _____

ON SITE CONTACT WILL BE: _____

Unless otherwise indicated, all correspondence, including billing, will be conducted with the individual listed above. Retain one copy of this application for your files.