

# SVU Regional Meeting Exhibit Form

Meeting Name \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

BOOTH PREFERENCE            1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

BOOTH SIZE                    FEES

10' x 10'                    \$1000

## SPONSORSHIP

ITEM \_\_\_\_\_ PRICE \_\_\_\_\_

ITEM \_\_\_\_\_ PRICE \_\_\_\_\_

ITEM \_\_\_\_\_ PRICE \_\_\_\_\_

## CONTACT INFORMATION

Unless otherwise indicated, all correspondence, including billing, will be conducted with the individual listed below.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name (as you wish it to appear when published) \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

We understand this application becomes a contract when signed by us and accepted by SVU. We agree to abide by all rules and regulations as posted by SVU.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT

Check enclosed             Send invoice

Please charge credit card:             MasterCard             Visa             AMEX


Name on Card \_\_\_\_\_ Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ CVV# \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this contract

to:  Email: [mmclean@svunet.org](mailto:mmclean@svunet.org)

 Fax: 301-459-5651

 Mail: Society for Vascular Ultrasound  
4601 Presidents Dr., #260, Lanham, MD 20706

Questions? Contact  
Jeanette Brown at  
800-788-8346 x104.