

EXHIBIT/SPONSORSHIP APPLICATION

Florida Vascular Society | 23rd Scientific Sessions | Ritz Carlton Golf Resort | April 22-25, 2010 | Naples, Florida

Company Name	Exhibitor Coordinator Name/Title	
Address	Exhibitor Coordinator Email	
City/State/Zip	Telephone	Fax
Product/Equipment being displayed	Competitor(s)	

DEADLINE: MONDAY, MARCH 1, 2010

FEES

- | | |
|--|------------|
| <input type="checkbox"/> Exhibit Space (8x10 Booth)
<small>(includes 7.5% sales tax)</small> | \$2,687.50 |
| <input type="checkbox"/> Florida Vascular Foundation (FVF)
<small>Tax-Exempt Contribution</small> | 500.00 |
| <input type="checkbox"/> President's Reception & Dinner (2 people) | 250.00 |
| <input type="checkbox"/> Golf Tournament (per person) | 100.00 |
| <input type="checkbox"/> Tennis Tournament (per person) | 40.00 |

TOTAL FEES: \$ _____

EDUCATIONAL GRANTS

- | | |
|--|-------------|
| <input type="checkbox"/> Diamond Level | \$25,000.00 |
| <input type="checkbox"/> Platinum Level | \$20,000.00 |
| <input type="checkbox"/> Gold Level | 15,000.00 |
| <input type="checkbox"/> Silver Level | 10,000.00 |
| <input type="checkbox"/> Luncheon Sponsorship | 10,000.00 |
| <input type="checkbox"/> Resident/Fellow Sponsorship | 2,500.00 |
| <input type="checkbox"/> Physician's Update | 2,500.00 |

TOTAL GRANTS: \$ _____

- We Agree To Abide By the Rule & Regulations Established For Exhibitors

PAYMENT INFORMATION

Payment Method

Check : Please make checks payable to Florida Vascular Society

Mail or Fax to:

*Florida Vascular Society
400 Capital Circle SE,
Suite, 18307
Tallahassee, FL 32301
Phone: (607) 754-2765
Fax: (850) 907-1230*

Credit Card (a 3.25% processing fee will be charged):

- MasterCard VISA AMEX DISCOVER

Credit Card #: _____

Expiration Date: ____ / ____ Security Code (3 or 4 digit #): _____

Cardholder Signature: _____