

Midwestern Vascular 2009

The 33rd Annual Meeting of the
Midwestern Vascular Surgical Society

September 10-12, 2009

Westin Michigan Avenue • Chicago, IL

APPLICATION FOR EXHIBIT SPACE

Complete and return to:

Terri R. Comegys, CMP, Executive Director and Conference Manager

Midwestern Vascular 2009 Exhibits

19 North St., Salem, MA 01970

Tel: 978/745-8331; Fax: 978/745-8334

OFFICIAL USE ONLY:

Date: _____

Assignment: _____

Deposit: \$ _____

Balance Due: \$ _____

PIF Date: _____

We would like to participate as follows:

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

We would like to reserve _____ Display*

Space Preference:

1st Choice: _____ 2nd Choice: _____ 3rd 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: mvs@bostonbased.com

We understand that the deadline for receipt of the exhibit application is **August 1, 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 Midwestern Vascular Surgical Society.

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

Company Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Contact: _____ Title: _____

On Site Contact will be: _____

Signed: _____ Date: _____

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