EDUCATIONAL GRANT AGREEMENT FORM

Exhibitor: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ Zip:_____

Telephone: _____ Fax: _____

Email: _____Authorized Signature: _____

By signing this document, company agrees to the following commitment and that a 50% payment is due with this agreement and the balance is due by **Friday, June 23, 2017**. In the event of cancellation after June 23rd, a refund will not be issued.

All applicable artwork must be submitted to EVS for approval prior to use. This includes banners, screensavers and ads. Only EVS exhibitors will be allowed to participate in the EVS Educational Grant program. Please select the level in which support you would like to participate:

☐ Platinum Support	$ 12,500
☐ Gold Support	$ 7,500
☐ Silver Support	$ 5,000
☐ Traveling Fellowships	$ 1,500 x #of fellowships _____ = $_____
☐ ePoster Sponsorship	$18,000
☐ Annual Meeting App	$10,000

Due to ACCME regulations, exhibit space cannot be offered as part of your package. Exhibit space will be in addition to your educational grant.

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:

FEE DUE: $_____ ☐ Check amount enclosed: $_____

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

CREDIT CARD: ☐ AMERICAN EXPRESS ☐ VISA ☐ MasterCard **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

☐ 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 below.

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

_____
Company Name
_____
Street Address
_____
City/State/Postal Code /Country

Complete and return to:
Stan Alger
Eastern Vascular Society
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
Phone: 978-927-8330 Fax: (978)-524-0461