



# New England Society for Vascular Surgery

51<sup>st</sup> Annual Meeting | October 25-27, 2024  
Westin Portland Harborview | Portland, ME

## Application

DEADLINE: WEDNESDAY, SEPTEMBER 18, 2024

Company Name	Main Contact's Name
Address	City/State/Zip
Main Contact's Daytime Phone #	Main Contact's Email

### Sponsorship Selection [Payment Due with Application]

- Platinum Level (\$40,000)    Gold Level (\$30,000)    Silver Level (\$20,000)    Bronze Level (\$10,000)

### Exhibit Only [Payment Due with Application]

IMPORTANT NOTE: Space is limited and the number of tabletop exhibits will be capped for 2024.

- Premium Tabletop Exhibit—Pre-Function (\$5,000)    Tabletop Exhibit—Exhibit Hall (\$3,000)

### Additional Opportunities [Payment Due with Application]

- Satellite Symposium—Lunch (\$25,000)    Satellite Symposium—Breakfast (\$15,000)    Digital Ad—Up to 30 second video (\$3,000)  
 Advisory Board (\$15,000)    Simulator Suite (\$15,000)    Digital Ad—Static (\$1,500)  
 Women's Networking Rcpt. (\$7,500)    Allied Health Social (\$6,000)

### Exhibit Hall Placement [Every attempt will be made to honor placement requests; however, requests cannot be guaranteed.]

If possible, please avoid space near the following company: \_\_\_\_\_

We agree to abide by the terms and conditions printed in this exhibitor prospectus:  [Please Check]

### Payment Information

**PAYMENT** Due to limited availability, payment is due at the time application is submitted.

**CANCELLATION POLICY** Cancellations received in writing 45-days prior to the start of the Annual Meeting will be subject to a 25% administrative fee. No refunds for cancellations will be made within 45-days of the Annual Meeting.

**PAYMENT BY CHECK** Please make checks payable to the New England Society for Vascular Surgery and mail to:  
203 Washington Street, PMB 311, Salem, MA 01970 (Tax ID: 04-2958076)

**PAYMENT METHOD**  MasterCard    VISA    American Express    Check (Check #: \_\_\_\_\_)

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CVW Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City/State/Postal Code: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

\*\*\* PLEASE EMAIL COMPLETED APPLICATION TO: NESVS@ADMINISTRARE.COM \*\*\*