

**Southern California Vascular Surgical Society
26th Annual Meeting, May 2-4 2008
The Four Seasons, Westlake Village, CA**

APPLICATION FOR EXHIBIT SPACE

Complete and return to: Terri R. Comegys, CMP, Executive Director
Southern California Vascular Surgical Society
19 North Street, Salem, MA 01970

We would like to reserve _____ 6' x 30" Table Top Display at
the 26th Annual Scientific Meeting to be held on
May 2-4, 2008 at the Four Season Hotel in Westlake Village, CA.

Office Use Only

Date: _____

Assignment _____

Deposit Rec'd: \$ _____

Balance Due: \$ _____

Revised Date: _____

Assignment: _____

Please avoid space assignment next to the following companies:

Our exhibit will consist of the following products/services (50 word limit) - due by April 11, 2008:

We understand that the individual price is \$2,500 for a 6' x 30" Table Top Exhibit. Applications must be received by the SCVSS by or before April 11th to be included in the Annual Meeting Program. Final Deadline for exhibit is April 25, 2008 (Please make checks payable to the Southern California Vascular Surgical Society). Federal Tax ID: 33-0431839

Company Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Contact: _____ **Title:** _____

Signature: _____

Confirmations and further information will be sent to all exhibitors by April 11, 2008. Unless otherwise indicated, all correspondence, including billing, will be conducted with the individual listed above. Retain one copy for your files.