

Registration: Exhibit Space Application/Contract

Company Name*: _____

*Please indicate how company name should be listed in course materials

Contact Name (For all correspondence): _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

IMPORTANT FOR EXHIBIT ASSIGNMENT PROCESS:

Please indicate the type of product/service your company will be exhibiting: _____

We prefer NOT to be located next to or near the following companies: _____

EXHIBIT FEES:

- Sponsor: \$10,000 Workshops \$35,000 Silver: \$75,000 Gold: \$100,000
- Platinum: \$150,000 Diamond: \$200,000 Grand: \$250,000

PROMOTIONAL FEES:

- Hour Meal Symposium \$45,000
- Workshop / Tecnology Showcase \$35,000
- Branded Charging Stations \$10,000
- Branded Wi-Fi Login \$10,000
- Branded Hotel Key Cards \$12,000
- Promotional E-Blast to CVC Attendees \$ 5,000
- Two (2) Printed Meter Board Signage \$ 5,000
- Printed Meter Board Signage \$ 3,000
- Advertisement in Onsite Syllabus \$ 2,500
- CVC Bag Insert \$ 1,500

Billing Amount \$ _____

AGREEMENT

By my signature, my organization/company agree(s) to abide by all CVC Policies, as well as terms and conditions set forth in the Exhibitor Prospectus.

Signature: _____ Date: _____

Checks should be made payable to Chicago EndoVascular Conference, or credit card payment information can be provided on the form below: Please note that all credit card payments will be subject to a 3% Merchant Gateway processing fee.

Card #: _____ Exp. Date: _____ CVV: _____

Cardholder Name: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

PLEASE COMPLETE THIS FORM AND E-MAIL/FAX TO RENEE GOLZAR, Executive Director of CVC, at cvc@cvcpvd.com/708-590-0763.
Please mail all checks payable to CVC: 15774 South Lagrange Rd. #289 Orland Park, Illinois 60462





Registration: Industry Badge Request Form

COMPLIMENTARY REGISTRATIONS*:

Based on your level of support, complimentary registrations are included with your booth package.

* Please ensure that you reference the number of complimentary badges that corresponds with your specific package (See Sponsorship Opportunities Page). Please indicate who will be assigned the complimentary passes in the area below:

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

Complimentary Representative _____

ADDITIONAL REGISTRATIONS:

Additional badges can be purchased for \$500. All badges have full access privileges to the exhibit hall and all sessions.

Please indicate additional registrations below and provide payment information. Attach additional forms as needed.

Name: _____ \$ _____

Name: _____ \$ _____

Name: _____ \$ _____

Name: _____ \$ _____