

Exhibitor Space Application

Company Name _____

Name for Booth Sign _____

Printed Name of Authorized Person _____

Title _____

Authorized Signature _____

Street Address _____

City _____ State _____ Zip _____

Office Phone _____ - _____ - _____ Fax _____ - _____ - _____

Email _____

Top 3 Booth Choices _____ (10% due now to reserve your booth space)

Early Sign Up Bonus (Available until Dec 1st) Two Facebook posts One IVC app notification
 One ad on VeinGlobal.com for 2 months One email blast

\$ _____
Exhibitor Total _____
Representative Signature

I am an authorized representative of the company with full power to sign and execute this application. The company listed agrees to comply with all instructions, rules, and regulations and agrees to promptly submit all information requested by IVC. By submitting a signed copy of this contract, we hereby apply for exhibit space for the IVC meeting.

Mail Payment to:
Ciné-Med, Inc. * 127 Main Street North * PO Box 1007 * Woodbury, CT 06798

CANCELLATION POLICY:
 Requests for cancellation of reserved exhibit space must be made in writing to Brandy@icm-med.com. Refunds less a 15% administrative fee will be granted for requests received on or before March 1, 2019. After this date, refunds for reserved space will not be granted.

PAYMENT METHOD

Check in the amount of \$ _____ Payable to: Ciné-Med, Inc.
Tax ID 06-1062439

Charge in the amount of \$ _____ Visa MasterCard American Express Discover

Credit Card Number _____ Exp Date ____/____/____

Security Pin # _____ (3 or 4 digit number on back of card)

Cardholder Name _____ Signature _____

For further information, contact Ciné-Med:
 Brandy D'Heilly, Account Executive * brandy@icm-med.com
 Tel: 337.298.3869 * Fax: 337.235.7300