

Satellite Symposia Contract

The Society for Cardiovascular Angiography and Interventions
SCAI 2018 Fall Fellows
Cosmopolitan Hotel—Las Vegas
December 7-11, 2018

CONTACT INFORMATION

Company Name _____
 Contact _____ Title _____
 Tel _____ Fax _____ Email _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ Web Site Address _____

	Friday, Dec. 7	Saturday, Dec. 8	Sunday, Dec. 9	Monday, Dec. 10	Tuesday, Dec. 11
BREAKFAST		<input type="checkbox"/> \$35,000 7:15-8:15 a.m. <input type="checkbox"/> \$10,000 (CHD only) 7:15-8:15 a.m.	<input type="checkbox"/> \$35,000 7:15-8:15 a.m. <input type="checkbox"/> \$10,000 (CHD only) 7:15-8:15 a.m.	<input type="checkbox"/> \$35,000 7:15-8:15 a.m. <input type="checkbox"/> \$10,000 (CHD only) 7:15-8:15 a.m.	<input type="checkbox"/> \$25,000 7:15-8:15 a.m.
LUNCH		<input type="checkbox"/> \$40,000 12:15-1:15 p.m.	<input type="checkbox"/> \$25,000 (QTY:2) 12:15-1:15 p.m. <input type="checkbox"/> \$15,000 (CHD only) Noon-1:15 p.m.	<input type="checkbox"/> \$40,000 12:15-1:15 p.m. <input type="checkbox"/> \$15,000 (CHD only) 12:15-1:30 p.m.	
HALF DAY	<input type="checkbox"/> \$65,000 3-8 p.m.				
EVENING	<input type="checkbox"/> \$10,000 (CHD only) 6-8 p.m.	<input type="checkbox"/> \$25,000 7-8:30 p.m.	<input type="checkbox"/> \$25,000 6:15-7:45 p.m.	<input type="checkbox"/> \$25,000 5-6:30 p.m.	

Payment Information

SCAI Federal Identification No.: 34-1266824
 Check enclosed PO# _____
Payable to: SCAI (Checks must be drawn on U.S. banks)

Credit Card Payment

Please charge my credit card. Amount: \$ _____
 Visa Mastercard American Express
 Card Number: _____
 Exp. Date: _____ CSV#: _____
 Name on Card: _____
 Cardholder Signature: _____

- 50% deposit is due by October 1, 2018
- Remaining balance is due December 1, 2018

Payment Summary

Total number of booth space(s) _____
 Total due for booth space(s) \$ _____
 Payment enclosed \$ _____
 Balance due \$ _____
Due on or before December 1, 2018

By completing and returning this Sponsor contract, we acknowledge that this document becomes a binding contract between our company and SCAI. We have read, understand and agree to all rules, regulations and terms of this agreement that are outlined in this document.

Authorized Signature _____ Date _____

SATELLITE SYMPOSIA RULES AND REGULATIONS
SCAI 2018 Fall Fellows ~ Cosmopolitan Hotel ~ December 7-11, 2018

1. This agreement is between the company designated in the Company Name field of this Sponsorship Contract and SCAI and it establishes the terms of their participation in all related activities as outlined for 2018.
2. This agreement shall remain in full force starting with the return of signed agreement through April 29, 2018. SCAI reserves the right to determine and select Sponsors, based on any criteria selection determined by SCAI, in its sole discretion, and which may be amended and modified at any time.
3. Payment Terms and Schedule: Total Payment is due by March 1, 2018. If any Sponsor fees are not paid in full or if any Sponsor fails to meet terms of this or other related Agreements, or fails to observe and abide by the rules of this Agreement, SCAI reserves the right to terminate this Agreement immediately. Payment is non-refundable.
4. Sponsor opportunities and benefits are available on a first-come first-served basis. Sponsor opportunities are available only to companies in good standing based on current business contact with SCAI. In no event shall the SCAI Sponsor act as an agent or representative of SCAI. In no event shall SCAI be liable for any actions or omissions of the Sponsor. As a Sponsor, the company agrees that SCAI may identify the Sponsor in SCAI promotional materials.

Return this contract with payment to:

Eric Grammer, email: egrammer@scai.org
SCAI, 1100 17th Street NW, Suite 330, Washington, DC 20036
Phone: 240.351.7369 Fax: 202.689.7224