SCAI CTO Regional Training Series

EXHIBIT APPLICATION

Miami Beach, FL • September 26, 2014
Los Angeles, CA • November 16, 2014

CONTACT & COMPANY INFORMATION

Name: _____

Mailing Address: _____

Phone: _____ E-mail: _____ Fax: _____

The following information will be included in the final program and/or on-site signage.

*Company Name: _____ *Website: _____

*Company Mailing Address: _____

*Company Description: *Applications will not be processed without a company description. Email your company description (maximum of 50 words) to Exhibitors@SCAI.org.*

EXHIBIT SPACE FEE

Exhibit fee must be received by application deadline to be recognized in the SCAI Chronic Total Occlusion (CTO) final program and on-site signage. An electornic Exhibitor Kit will be sent to the company contact above once SCAI receives payment and a company description.

Exhibit Space Includes: One complimentary exhibitor registration, a 6 ft. x 30 in. skirted tabletop and two chairs in the Exhibit Hall of the selected CTO Program.

CTO Miami • September 26, 2014
Fontainebleau Miami Beach
Application & Payment Deadline: August 27, 2014

❒ **1 Day Tabletop Space $1,500**

CTO Los Angeles • November 16, 2014
Omni Los Angeles Hotel at California Plaza
Application & Payment Deadline: October 15, 2014

❒ **1 Day Tabletop Space $1,500**

STATEMENT OF LIABILITY: We / I agree to abide by all the requirements, restrictions, and obligations for the SCAI Chronic Total Occlusion (CTO) Series. We / I assume the entire responsibility and liability for losses, damages, and claims arising from injury or damage to our / my displays, equipment, and other property brought upon the premises of The Westin Chicago River North or Hyatt Regency Houston and shall indemnify and hold harmless the agents and employees of the The Westin Chicago River North or Hyatt Regency Houston enter, the SCAI Chronic Total Occlusion (CTO) Series, and SCAI from any and all such losses, damages, and claims.

PAYMENT & EXHIBIT INFORMATION

Payment must accompany this application or it will not be processed.

Amount Paid: $ _____ Payment Method: ❒ Check #: _____ *(Payable to SCAI)* ❒ Mastercard ❒ American Express ❒ Visa

Credit Card #: _____ CCV #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

CANCELLATION POLICY: Cancellation of SCAI Chronic Total Occlusion (CTO) Series exhibit space must be made in writing and will be effective the date such notice is received in the SCAI office. SCAI's cancellation policy will apply as follows: **CTO Miami:** (1) On / before After August 27, 2014: 50% of contracted fee*; (2) After August 27, 2014: No refund; **CTO Los Angeles:** (1) On / before October 15, 2014: 50% of contracted fee*; (2) After October 15, 2014: No refund. Refunds are subject to a $50 processing charge and will be mailed within 8 weeks after the meeting.

*By signing this, I state that I am hereby authorized to reserve space for our / my use in the technical exhibit area of the SCAI Chronic Total Occlusion (CTO) Series to be held in one of the following venues:

- September 26, 2014 at the Fontainebleau Miami Beach
- November 16, 2014 at the Omni Los Angeles Hotel at California Plaza

Signature: _____ **Date:** _____

MAIL
SCAI
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Washington, DC 20036

FAX
(866) 733-2576

ONLINE
www.SCAI.org/CTO

QUESTIONS?
Call (800) 992-SCAI