

INDUSTRY SATELLITE SYMPOSIUM APPLICATION

Exact Title of Symposium _____
Date _____ Time _____
Name of Accrediting Company Name _____
Contact Name _____
Address _____
City / State / Zip / Country _____
Phone / Fax / Email _____

BRIEF MEETING DESCRIPTION

Target Audience _____
Expected Audience _____

Breakfast Symposium - \$12,000

Friday, September 24, 2021 7:15 AM – 8:00 AM
Saturday, September 25, 2021 7:15 AM – 8:00 AM

Lunch Symposium - \$17,500

Friday, September 24, 2021 12:00 PM – 1:00 PM
Saturday, September 25, 2021 12:00 PM – 1:00 PM

Dinner Symposium - \$17,500

Friday, September 24, 2021 7:00 PM – 9:00 PM

Once space has been assigned and confirmed by OEIS you will be put in direct contact with the hotel. Catering, special set fees, AV, electrical / telecommunications and labor are not included in the fee. Each supporter is responsible for all charges to the facility. By signing below, you are authorizing OEIS to charge the total fee indicated on this form to your credit card.

Signature _____ Date _____

INDUSTRY SATELLITE SYMPOSIUM PAYMENT

**Complete and return to:
OEIS**

Attn: Julie Patterson
Senior Manager of Meetings and Education
2800 West Higgins Road, Suite 440
Hoffman Estates, IL 60169
Or fax it to (847) 885-8393

Payment Information

Check

Fee Due \$ _____

Check Amount Enclosed: _____

All checks must be payable to the Outpatient Endovascular and Interventional Society (OEIS)

Credit Card

Visa

Mastercard

Discover

American Express

*Payments made by credit card are subject to a 3% Fee

Amount to be charged: \$ _____

Credit Card Number

Expiration Date

Security Code

Name as it appears on the Credit Card

Cardholder's Signature

Please check if credit card billing address is the same as the contact information at the top of the form.

If billing address is different, please enter it below.

Company Name

Street Address

City/State/Postal Code/Country