

# Sponsor Contract

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International College of Surgeons  
United States Section  
April 25-27, 2024

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Brief Product & Service Description \_\_\_\_\_

For each product or service you intend to display at the ICSUS 85th Annual Surgical Update please list the FDA status: (you should use an additional sheet if necessary)

Drug/Device/Service: \_\_\_\_\_ ☐ Approved ☐ Investigational ☐ Not Approved ☐ N/A

**The deadline to reserve space is March 15, 2024**

- |   |                |  |               |
|---|----------------|--|---------------|
| <input type="checkbox"/> <b>Table-Top Exhibit</b> | <b>\$2,500</b> | <input type="checkbox"/> <b>Virtual Exhibit - Standard</b> | <b>\$1250</b> |
| <input type="checkbox"/> <b>Other</b> _____       |                | <input type="checkbox"/> <b>Virtual Exhibit - Enhanced</b> | <b>\$1750</b> |

## VIRTUAL WEB SITE

Please provide the URL to your company's website that you would like posted to the 85th Annual Surgical Update Virtual Exhibit \_\_\_\_\_  
(advertising and web page needs to conform to any applicable ACCME rules for CME advertising.)

**TOTAL ENCLOSED: \$** \_\_\_\_\_ ☐ CHECK ☐ MASTER CARD ☐ VISA ☐ AMERICAN EXPRESS  
(Make checks payable to the ICS-US)

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ Exp. Date: \_\_\_\_\_, 20\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

In accordance with the previously outlined terms of the Exhibit Show, I hereby accept said terms and conditions for exhibiting as they may be amended from time to time by the Sponsoring Organization, International College of Surgeons - U.S. Section (ICSUS), and as described in detail herein. This completed form represents a binding agreement between the Exhibitor, Exhibitor's employing company and the Sponsoring Organization.

Applicant agrees to submit this Exhibitor Contract along with full payment.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## Return This Form To:

ICSUS 85th Annual Surgical Update  
1524 North Lake Shore Drive ♦ Chicago, IL 60610  
E-mail: [nrebel@ficsonline.org](mailto:nrebel@ficsonline.org)