

Sponsor Contract

International College of Surgeons
United States Section
May 4-6, 2023

To Submit this form electronically go to: www.ficsonline.org/contract

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 84th 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

A

The deadline to reserve space is March 15, 2023

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

VIRTUAL WEB SITE

Please provide the URL to your company's website that you would like posted to the 84th 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 84th Annual Surgical Update
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E-mail: nrebel@ficsonline.org