

# Sponsor Contract

International College of Surgeons

United States Section

March 9-11, 2026

To Submit this form electronically go to: [www.ficsonline.org/contract](http://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 87th 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 February 9, 2026**

- |   |         |   |          |
|---|---------|---|----------|
| <input type="checkbox"/> Standard Table-Top Exhibit | \$5,000 | <input type="checkbox"/> Enhanced Table-Top Exhibit | \$10,000 |
| <input type="checkbox"/> Monday Lunch Sponsor       | \$5,000 | <input type="checkbox"/> Monday Dinner Sponsor      | \$ 5,000 |
| <input type="checkbox"/> Tuesday Lunch Sponsor      | \$5,000 | <input type="checkbox"/> Tuesday Dinner Sponsor     | \$ 5,000 |
| <input type="checkbox"/> Other                      |         |   |          |

Description here \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_ (Make checks payable to the ICS-US)

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. We also accept VISA, MasterCard and American Express. A 3% convenience fee will be added for credit card payments. If you wish to pay by credit card please use the electronic contract at [www.ficsonline.org/contract](http://www.ficsonline.org/contract)

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

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

## Return This Form To:

ICSUS 87th Annual Surgical Update  
1524 North Lake Shore Drive - Chicago, IL 60610  
E-mail: [nrebel@ficsonline.org](mailto:nrebel@ficsonline.org)