

12

ISMICS

Techniques, Technology & Innovation in CVT Surgery



Los Angeles

30 May – 2 June 2012

JW Marriott Los Angeles
at L.A. Live



**COMMERICAL SUPPORT
OPPORTUNITIES PROSPECTUS**

COMMERCIAL SUPPORT OPPORTUNITIES

ISMICS offers companies opportunities through educational grants which are used to support scientific research, oral and poster presentations, panel discussions, video sessions, and state-of-the-art lectures. The level of recognition given to supporters varies depending on the level of the educational grant provided. All recognition is given in accordance with ACCME guidelines.

POST GRADUATE COURSES

Wednesday, 30 May, 2012

\$15,000 USD for all courses

\$10,000 USD for full day course

\$ 5,000 USD for half day courses

Each year ISMICS offers a series of Post Graduate Courses which offer attendees world-class faculty in several diverse subject areas.

The full-day concurrent post graduate sessions offered in 2012 are:

- Thoracic Masters Class (includes a dedicated Hands-On Component)

The half-day post-graduate sessions offered in 2012 will include:

- Valves:
 - Percutaneous Valves
 - Minimally Invasive Valve Surgery
- Imaging and Surgical Guidance
- Surgical Treatment of Atrial Fibrillation

****Post Graduate Courses and Topics subject to change****

All Post Graduate Course Support recognition is given in accordance with ACCME guidelines.

RESIDENTS AND FELLOWS PROGRAM

Thursday 31 May, 2012

\$10,000 USD

Host the 3 hour Residents and Fellows Program on Thursday. This is an ideal opportunity for informal conversation with the Residents and Fellows about their current training and career plans. A formal Mentor presentation will be given.

Residents and Fellows Program Support recognition is given in accordance with ACCME guidelines.

Per ACCME requirements separate agreement forms must be filled out for all educational grants support opportunities

COMMERCIAL SUPPORT OPPORTUNITIES REQUEST FORM

CONTACT INFORMATION

QUESTIONS: Stan Alger (Director of Marketing/Development)
salger@prri.com or +1-978-927-8330 (Phone)

REMIT FORM TO: Jennifer Gecawicz
jgecawicz@prri.com or via fax to +1-978-524-0498

Once ISMICS receives your Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Supporters are required to complete an approved Letter of Agreement. If a supporting company requires its own Letter of Agreement, or application, please include the relevant document with this request form. Please indicate your interests below:

Exhibitor/Supporter _____ Contact/Title _____

Address _____ City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____

POST GRADUATE COURSES

- all courses \$15,000 USD
 1 full day course \$10,000 USD
 1 half day courses \$ 5,000 USD

RESIDENTS AND FELLOWS PROGRAM* \$10,000 USD

Support levels must be confirmed with a written letter of agreement.

Complete & return to:

ISMICS
Jennifer Gecawicz
Exhibits Coordinator
500 Cummings Center, Suite 4550,
Beverly, MA 01915 USA
Phone: +1-978-927-8330
Fax: +1-978-524-0498
jgecawicz@prri.com

PAYMENT INFORMATION

FEE DUE: \$ _____ Check amount enclosed: \$ _____

CREDIT CARD



Amount to be charged: \$ _____

Credit Card Number _____

Expiration Date _____

Security Code (3 digits on front or back of card) _____

Name as it appears on credit card _____

Cardholder's Signature _____

- Please check if credit card billing address is same as contact information at the top of the form.
 If billing address is not the same please enter below.

FOR ISMICS USE ONLY: Date Received: _____ Confirmation Sent: _____ Payment Received & Entered: _____

POSTGRADUATE COURSE APPLICATION

ISMICS 2012 Annual Scientific Meeting

30 May –2 June, 2012 • Los Angeles, CA

CONTACT INFORMATION

QUESTIONS:

Stan Alger (Director of Marketing/Development)
salger@prri.com or +1-978-927-8330 (Phone)

REMIT APPLICATION TO:

Jennifer Gecawicz
jgecawicz@prri.com or via fax to +1-978-524-0498

Please complete all sections of this application and either type or print in each section. Sign and return both sides (Page 2 of Exhibit Space Application may be used) either with a check payable in US Dollars to ISMICS, 900 Cummings Center, Suite 221-U, Beverly, MA 01915, USA or fax both sides with a credit card number to +1-978.524.0498. Applications received prior to 4 March 2011 must include at least a 50% deposit. On or after 5 March, 2012 payment in full of the total commitment is due. Confirmations and space assignments will be sent after 5 March, 2012. All financial transactions including payments and refunds are in US Dollars.

<p>CONTACT INFORMATION</p> <hr/> <p><i>Contact Person This person will receive all correspondence pertaining to this meeting.</i></p> <hr/> <p>Title _____</p> <hr/> <p>Telephone number _____ Fax number _____</p> <hr/> <p>Email address _____</p> <hr/> <p>Company Name _____</p> <hr/> <p>Street Address _____</p> <hr/> <p>City/State/Zip/Country _____</p> <hr/> <p>Web Address _____</p> <hr/> <p>POSTGRADUATE COURSE SUPPORT: (Check each course requested)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Surgical Treatment of Atrial Fibrillation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Thoracic Masters Class</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hands-On Session <i>(Thoracic Only)</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Percutaneous Valves</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Minimally Invasive Valve Surgery</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>All Postgraduate Courses</td> </tr> </table> <p>**POSTGRADUATE COURSES SUBJECT TO CHANGE**</p>	<input type="checkbox"/>	Surgical Treatment of Atrial Fibrillation	<input type="checkbox"/>	Thoracic Masters Class	<input type="checkbox"/>	Hands-On Session <i>(Thoracic Only)</i>	<input type="checkbox"/>	Percutaneous Valves	<input type="checkbox"/>	Minimally Invasive Valve Surgery	<input type="checkbox"/>	All Postgraduate Courses	<p>PAYMENT METHOD</p> <p><input type="checkbox"/> Check amount enclosed: \$ _____ (US banks only)</p> <p>CREDIT CARD <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Amount to be charged: \$ _____</p> <hr/> <p>Credit Card Number _____</p> <hr/> <p>Expiration Date _____ Security Code (3-4 numbers on front or back of card) _____</p> <hr/> <p>Name as it appears on credit card _____</p> <hr/> <p>Cardholder's Signature _____</p> <hr/> <p><input type="checkbox"/> Please check if credit card billing address is same as contact information at the top of the form. <input type="checkbox"/> If billing address is not the same please enter below.</p> <hr/> <p>Company Name _____</p> <hr/> <p>Street Address _____</p> <hr/> <p>City/State/Postal Code /Country _____</p> <hr/> <p><small>WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT ON OR AFTER 5 MARCH, 2012.</small></p> <hr/> <p>AUTHORIZED SIGNATURE _____</p> <hr/> <p>PRINT NAME _____</p> <hr/> <p>TITLE _____</p>
<input type="checkbox"/>	Surgical Treatment of Atrial Fibrillation												
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<input type="checkbox"/>	All Postgraduate Courses												

<p>FOR ISMICS USE ONLY</p> <p>Date received: _____ Total amt due: \$ _____ Amt received: \$ _____ Accepted by: _____ ID #: _____</p> <p>50% by January 13, 2012 \$ _____ PIF by 5 March, 2012 \$ _____</p>
