



AMERICAN VEIN &
LYMPHATIC SOCIETY

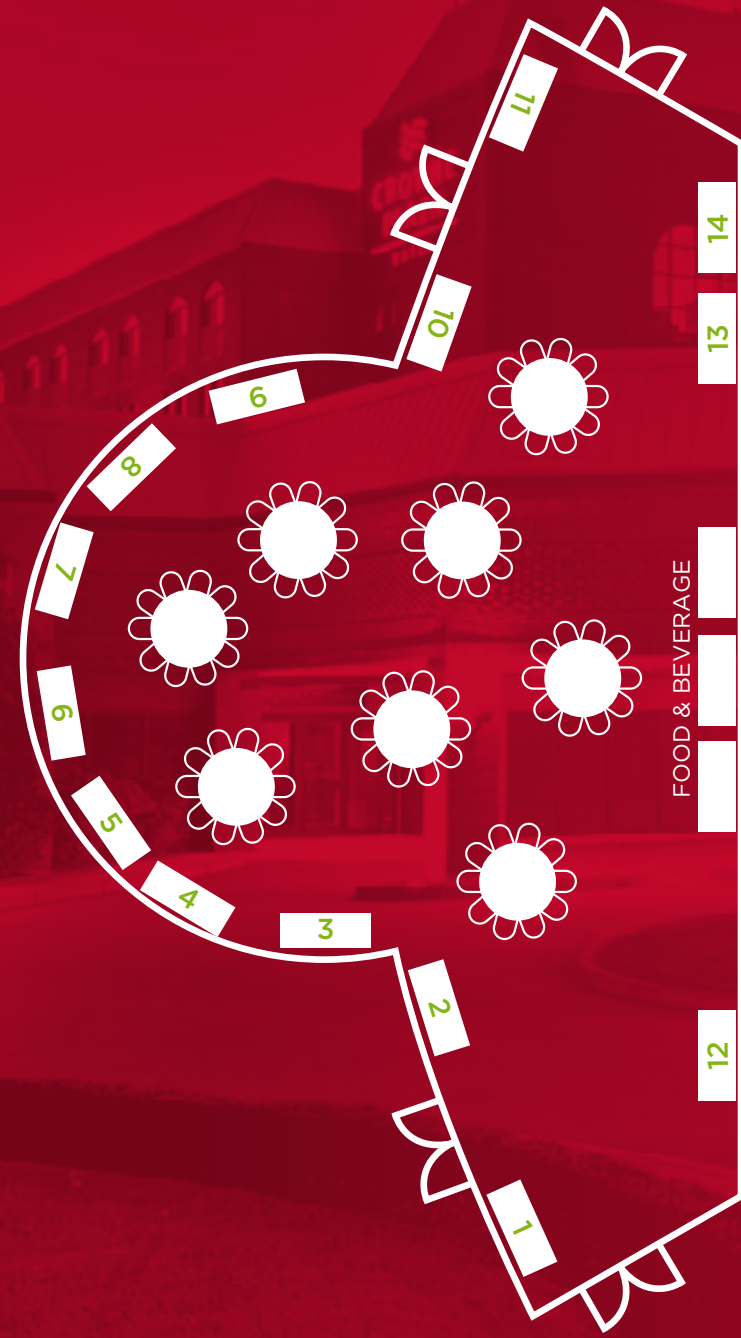
2022 REGIONAL SYMPOSIUM

EXHIBITOR
PROSPECTUS

PROVIDENCE, RI

REGIONAL SYMPOSIUM

EXHIBITOR PROSPECTUS



Providence, RI

Sclerotherapy Course
June 10

Managing Phlebolympheidema in a Venous Practice
June 10

Ultrasound Hands-On Course
June 11

Venous & Lymphatic Medicine Review Course
June 11

VENUE INFORMATION

Crowne Plaza: Providence-Warwick (Airport)
801 Greenwich Ave
Warwick, RI 02886

Exhibiting Hours
Set Up
Friday, June 10
6:00 AM - 7:00 AM*

Breakdown
Saturday, August 15
3:30 PM - 5:30 PM*

*Times may be subject to change

EXHIBITING INFORMATION

Cost of Tabletop

All New Horizon donors receive a complimentary tabletop at each course. All other exhibit interests are \$500 per tabletop. Tabletop selection will be chosen at the time of application submission on a first come, first served basis.

Space reservations can be made by contacting:

[Amy Pfaffenbach](mailto:apfaffenbach@myavls.org)

apfaffenbach@myavls.org

510-606-8795

All applications and payments need to be submitted at least two weeks prior to the course to reserve a spot.

Cancellation Policy

Requests for Cancellation of a reserved tabletop space must be made in writing to apfaffenbach@myavls.org at least two weeks prior to the course. Refunds may be granted, less a 15% administrative fee. For any cancellations after two weeks prior or no-shows, refunds will not be granted.

Exhibit Tabletop

- Access for tabletop presenter(s) to attend the program (*see Policies*)
- 6-foot draped table
- 2 chairs
- Post registration list for courses attended
- Breakfast and Lunch as served to attendees

Policies

Booth must be manned during exhibiting hours of operation.

Presenters may attend sessions but may not participate in hands-on activities.

Sales of any kind are only to be conducted inside of the exhibit space.

All displays need to be kept within your table area.

All shipping and handling fees will be paid for individually. AVLS is NOT responsible for any incurred shipping and handling fees and will not ship anything back to your company should a presenter not show up.



REGIONAL SYMPOSIUM

EXHIBITOR PROSPECTUS

EXHIBITOR REGISTRATION

Exhibitor Coordinator Information

Company:

Contact Name: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Table Top Presenters (Onsite Maximum of 2)

Name: _____

Onsite Phone: _____

Email: _____

Name: _____

Onsite Phone: _____

Email: _____

Table Top Selection

First Choice: _____

Second Choice: _____

Payment Information

I am a New Horizon Donor (Complimentary)

I have mailed a check for \$500 to the AVLS at 434 W. Ontario St. Suite 200, Chicago, IL 60654

I authorize a charge against my credit card for \$500

Credit Card Type:

MasterCard

VISA

American Express

Discover Card

Card Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Date: _____

Please, return this completed form to apfaffenbach@myavls.org. If you have any questions please contact Amy Pfaffenbach at 510-606-8795.