



'09 INDUSTRY PROSPECTUS



36TH ANNUAL MEETING | SEAPORT HOTEL | BOSTON, MASSACHUSETTS | OCTOBER 2-4, 2009

NEW ENGLAND SOCIETY FOR VASCULAR SURGERY
203 WASHINGTON STREET, PMB 311 | SALEM, MASSACHUSETTS 01970
TELEPHONE: 978-744-5005 | FAX: 978-744-5029
EMAIL: NESVS@ADMINISTRARE.COM
WWW.NESVS.VASCULARWEB.ORG

GENERAL INFORMATION

COURSE DATES & LOCATION

October 2-4, 2009
Seaport Hotel
Boston, Massachusetts

COURSE DESCRIPTION

The Annual Meeting of the New England Society for Vascular Surgery is designed to provide three days of comprehensive educational experiences in the fields of vascular surgery and disease, related sciences and socioeconomic aspects of vascular surgical care.

It is the Society's intent to bring together surgeons, physicians and scientists from New England to freely and openly discuss their latest clinical and research findings. Further, the Society augments this experience with invited speakers and panelists from throughout North America to give presentations on current controversies or topics of discussion within the vascular community.

TARGET AUDIENCE

The Annual Meeting is presented for the benefit of those physicians, surgeons, researchers, residents, fellows and allied health professionals involved in the study, treatment and cure of vascular disease.

MEETING REGISTRATION

ONSITE REGISTRATION HOURS*

Thursday, October 1, 2009	4:00 pm - 6:00 pm
Friday, October 2, 2009	7:00 am - 5:30 pm
Saturday, October 3, 2009	7:00 am - 1:00 pm
Sunday, October 4, 2009	7:00 am - 10:00 am

*Registration Hours Subject To Change

REGISTRATION DEADLINES

Exhibitor personnel must be pre-registered by **Wednesday, September 9, 2009**. Names must be provided to the NESVS Administrative Office prior to this deadline. Each exhibitor is allotted two badges per tabletop space purchased. Additional badges are \$300.⁰⁰ each. Each badge includes admission to the Scientific Sessions and the Welcome Reception on Friday evening.

HOTEL INFORMATION

Seaport Hotel
200 Seaport Boulevard
Boston, Massachusetts 02210
800-262-0680

As New England's social and commercial "hub," Boston is a vibrant, thriving city known for its cultural facilities, historical landmarks and world-class educational institutions. The Seaport Hotel, located on Boston's beautiful waterfront featuring magnificent harbor views, is minutes from the city's upscale shops, restaurants, nightclubs and area attractions.

GROUP RATE INFORMATION

On behalf of our meeting attendees, a special rate has been secured over the dates of the meeting of \$259.⁰⁰ (single or double occupancy) plus tax (which is currently 12.45%). Reservations must be made by **Tuesday, September 1, 2009** (5:00 pm EST) to guarantee the group rate. After this deadline, **or if the NESVS block of rooms sells out prior to the above mentioned deadline**, availability and rates cannot be guaranteed.

Please mention the New England Society for Vascular Surgery to ensure the discounted rate.

RESERVATION PROCEDURES

Reservations can be made by contacting the Seaport Hotel at 800-262-0680. Be sure to mention you are attending the New England Society for Vascular Surgery's Annual Meeting to get the group's discounted rate. If you prefer, a Hotel Reservation Form is included in this prospectus and can be sent directly to the Seaport Hotel via fax.

Check-in time at the Seaport Hotel is 3:00 pm; check-out is 12:00 noon. All guests arriving before 3:00 pm will be accommodated as rooms become available.



EXHIBIT INFORMATION

EXHIBIT DATES & HOURS*

SET-UP

Friday, October 2, 2009 10:00 am - 1:00 pm

SHOW HOURS

Friday, October 2, 2009 1:00 pm - 5:00 pm

Saturday, October 3, 2009 7:00 am - 11:30 am

Sunday, October 4, 2009 6:45 am - 10:00 am

TEAR DOWN

Sunday, October 4, 2009 10:00 am - 1:00 pm

*Exhibit Hours Are Subject To Change Based On the Final Program

EXHIBIT SPACE

Each exhibit space will include one 6' x 24" draped table and two chairs. Exhibits will be tabletop only. No freestanding floor displays will be permitted. Standing equipment may be used in lieu of a table, but request must be sent in writing to the Society's Administrative Office for approval.

SPACE ASSIGNMENT

Preferred space will be given to the Society's sponsors (if application is received by posted deadline). After the deadline, all other companies will be assigned in the order in which the applications with payment are received. Exhibitors wishing to avoid assignment of space adjacent to a particular company should indicate this on their application. Careful consideration will be given to such requests. The Society has the right to alter the floor plan at any time.

REFUNDS & CANCELLATIONS

Cancellations received in writing 60-days prior to the start date of the program will be subject to a 25% administrative fee. There will be no refunds issued for cancellation requests received within 60-days of the start of the program.

BADGE POLICY

All participants affiliated with exhibits must be registered. Each person will be issued an exhibitor badge and must be employed by an exhibiting company or have a direct business affiliation. Each company is allotted two (2) badges per tabletop space purchase. A fee of \$300.00 will be charged for each additional badge purchased (over the allotment).

EXHIBIT HALL SERVICES

Registered exhibiting companies will receive a Service Kit thirty (30) days prior to the start of the program. The Service Kit will contain all necessary information and order forms, including:

- Drayage/Shipping
- Labor Regulations & Rates
- Electrical & Telephone Service
- Audio/Visual & Computer Rentals

SHIPPING INFORMATION

Shipments should be made through the official service contractor. Shipping instructions will be included in the exhibitor confirmation letter as well as the Service Kit.

SECURITY

A security guard shall be furnished by management to be on duty in the exhibit area when the exhibits are closed, but the safekeeping of the exhibitor's property shall remain the responsibility of the exhibitor. New England Society for Vascular Surgery and the Seaport Hotel are not responsible for theft, loss or damage that may occur and advise each exhibitor to insure their stands, equipment and material at full value.

LIABILITY

The exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save New England Society for Vascular Surgery, the Seaport Hotel and its officers, employees and agents, harmless against all claims, losses or damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence, gross negligence or willful misconduct of New England Society for Vascular Surgery and the Seaport Hotel, its employees and agents. Exhibitor acknowledges that New England Society for Vascular Surgery and the Seaport Hotel do not maintain insurance covering the exhibitor's property and thus it is the sole responsibility and obligation of the exhibitor to obtain business interruption and property damage insurance covering such losses by exhibitor.

CONDUCTING EXHIBITS

No drawings, raffles or quiz-type contests of any type will be permitted. No bags or containers for collection of samples are to be distributed by an exhibitor. This applies to any envelope, folder, portfolio, box, etc. that provides carrying space for more than a single sample. Electrical or other mechanical apparatus must be muffled so noise does not interfere with other exhibitors. Character of the exhibits is subject to approval of the conference organizers. The right is reserved to refuse applications of concerns not meeting standards required or expected, as well as the right to curtail exhibits or parts of exhibits, which reflect against the character of the meeting. This applies to displays, literature, advertising, novelties, souvenirs, conduct of person, etc.

INFRINGEMENT

Interviews, demonstrations and the distribution of literature or samples must be made within the area assigned to the exhibitor. Canvassing or distributing of advertising matter outside the exhibitor's own space will not be permitted.

PROTECTION OF HOTEL BUILDING

Exhibitors will be held liable for any damage caused to the hotel property, and no material or matter of any kind shall be posted on, tacked, nailed, screwed or otherwise attached to columns, walls, floors or other parts or portions of the building or furnishings. Whatever may be necessary to properly protect the building, equipment or furniture will be installed at the expense of the exhibitor. If any controversy arises as to the need or propriety thereof, the Convention Service Manager of the hotel will be the final judge thereof and his/her decision shall be binding on all parties concerned.

FIRE PROTECTION

All materials used in the exhibit area must be flame-proof and fire-resistant in order to conform to the local fire ordinances and in accordance with regulations established by the local Fire Department. Crepe paper or other paper is not to be used in crating merchandise. Display racks, signs, spotlights and special equipment must be approved before use, and all displays are subject to inspection by the Fire Prevention Bureau. Any exhibit or parts thereof found not to be fire-proof may be dismantled. All aisles and exits must be kept clear at all times. Fire stations and fire extinguisher equipment are not to be covered or obstructed.

LEVELS OF MARKETING SUPPORT

GOLD LEVEL [\$12,000]

ADVANCE & ONSITE PROMOTION

- One Blast Email To Target Audience Sent By the NESVS
- Dedicated Signage & Listings In All Promotional Materials
- On-Screen Acknowledgement In Scientific Session
- Final Program Book Acknowledgement
- Acknowledgement On the NESVS Website & In One Issue of the Newsletter
- Pre-Registration Mailing Labels
- Post-Meeting (Final) Registration Mailing Labels
- One Blast Email To the Final Attendee List Sent By the NESVS

EVENT TICKETS

- Two Complimentary Tickets To the President's Reception

ATTENDING

- Four Complimentary Badges For Exhibit Personnel

SILVER LEVEL [\$8,000]

ADVANCE & ONSITE PROMOTION

- Dedicated Signage & Listings In All Promotional Materials
- On-Screen Acknowledgement In Scientific Session
- Final Program Book Acknowledgement
- Acknowledgement On the NESVS Website & In One Issue of the Newsletter
- Pre-Registration Mailing Labels
- Post-Meeting (Final) Registration Mailing Labels

EVENT TICKETS

- Two Complimentary Tickets To the President's Reception

ATTENDING

- Three Complimentary Badges For Exhibit Personnel

BRONZE LEVEL [\$5,000]

ADVANCE & ONSITE PROMOTION

- Dedicated Signage & Listings In All Promotional Materials
- On-Screen Acknowledgement In Scientific Session
- Final Program Book Acknowledgement
- Acknowledgement On the NESVS Website & In One Issue of the Newsletter
- Pre-Registration Mailing Labels
- Post-Meeting (Final) Registration Mailing Labels

EVENT TICKETS

- Two Complimentary Tickets To the President's Reception

ATTENDING

- Two Complimentary Badges For Exhibit Personnel

LUNCHEON SYMPOSIUM [\$10,000]

There is one luncheon symposium timeslot available at the 36th Annual Meeting in Boston. The topic and panelists are at the discretion of the supporting company but must be approved by the NESVS Executive Council. Standard audio/visual costs are included in the price of the sponsorship. The supporting company is responsible for food & beverage charges. There is no competing programming during this timeslot. Please Note: The supporting company must also be a registered exhibitor at the 36th Annual Meeting.

DETAILS

Friday, October 2, 2009

12:30 pm - 1:45 pm*

EVENT TICKETS

One Complimentary Ticket To the President's Reception

ATTENDING

Two Complimentary Badges

*Hours Subject To Change Based On the Final Program

TABLETOP EXHIBIT [\$2,500]

ADVANCE & ONSITE PROMOTION

- Exhibitor List Posted On the NESVS Website
- Courtesy Slide Shown During the Scientific Session
- Company Included On Exhibitor Onsite Signage
- Final Program Book Listing With Product Description
- Pre-Registration Mailing Labels
- Post-Meeting (Final) Registration Mailing Labels

EXHIBITING

- Each Company Will Be Provided One 6' x 24" Draped/Skirted Table With Two Chairs For Each Exhibit Space Purchased
- Free-Standing Equipment Is Not Allowed

ATTENDING

- Two Complimentary Badges Are Included With Each Exhibit Space Purchased

WELCOME RECEPTION [\$10,000]

The Welcome Reception is the first gathering of the 36th Annual Meeting that includes physicians and industry alike. Please Note: The supporting company must also be a registered exhibitor at the 36th Annual Meeting.

'08 SUPPORTERS & EXHIBITORS

GOLD SUPPORTERS

Cook Medical
Medtronic Vascular
W. L. Gore & Associates, Inc.

BRONZE SUPPORTERS

Boston Scientific
Cordis
Endologix
ev3

EXHIBITING COMPANIES

Abbott Vascular	IDEV Technologies
AGA Medical Corporation	M2S, Inc.
Angioscore	Maquet Cardiovascular
Atrium Medical Corporation	Medtronic Vascular
Bacchus Vascular, Inc.	National Healing Corp.
Bard Peripheral Vascular	Organogenesis, Inc.
Bolton Medical	Philips Healthcare
Boston Scientific	Possis Medical Inc.
Carolon Company	Scanlan International Inc.
Consensus Medical Systems, Inc.	Spectranetics Corp.
Cook Medical	Terason Ultrasound
Cordis	Vascular Solutions
Cryolife, Inc.	VNUS Medical Technologies, Inc.
Endologix	Wagner Medical
ev3	W. L. Gore & Associates, Inc.
GE Healthcare	



APPLICATION FOR EXHIBIT SPACE

Company Name	Exhibitor Coordinator/Title
Address	City/State/Zip
Telephone	Fax
Email	

TABLETOP EXHIBIT SPACE (APPLICATION DEADLINE: FRIDAY, JULY 31, 2009)

Fee \$2,500/each [50% deposit due with application]

Included With the Purchase of A Table Top Exhibit One (1) 6' x 24" draped/skirted table, two (2) chairs, two (2) complimentary representative badges and participation in the Welcome Reception (held in the Exhibit Hall)

of Booths _____ **Space Preference:** 1st Choice 2nd Choice 3rd Choice 4th Choice

Product/Equipment Being Displayed _____

Please List the Name of Any Company That You Do Not Wish To Be In Close Proximity To* _____

We Agree To Abide By the Rule & Regulations Established For Exhibitors [Please check]

*Every attempt will be made to honor placement requests. However, requests cannot be guaranteed.

PAYMENT INFORMATION

Final Payment Final payment is due 30-days prior to the start of the program (September 3, 2008).

Cancellation Policy Cancellations received in writing 60-days prior to the start of the program will be subject to a 25% administrative fee. There will be no refunds for cancellations received within 60-days of the start of the program.

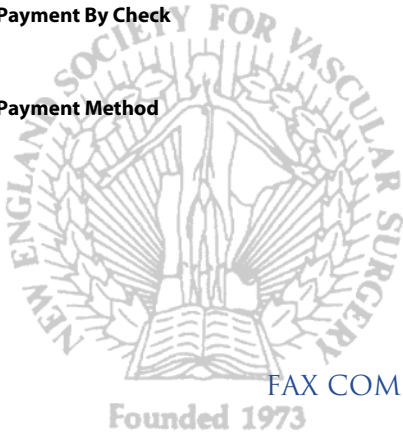
Payment By Check Please make checks payable to New England Society for Vascular Surgery and mail to: 203 Washington Street, PMB 311, Salem, MA 01970

Payment Method MasterCard VISA Check (# _____)

Credit Card #: _____

Expiration Date: ____ / ____ Security Code (3 or 4 digit #): _____

Name As It Appears On Card: _____



FAX COMPLETED APPLICATION TO 978-744-5029.

FOR OFFICE USE ONLY

Date Deposit Received: ____ / ____ / ____ Date Final Payment Received: ____ / ____ / ____ Booth # Assigned: _____
 Deposit Amount: \$ _____,00 Total Payment Amount: \$ _____,00

APPLICATION FOR INDUSTRY SUPPORT

Company Name	Exhibitor Coordinator/Title
Address	City/State/Zip
Telephone	Fax
Email	

SPONSORSHIP TYPE (APPLICATION DEADLINE: FRIDAY, JULY 31, 2009)

Gold Level [\$12,000]
 Silver Level [\$8,000]
 Bronze Level [\$5,000]

Luncheon Symposium (EXCLUSIVE OFFERING) [\$10,000]
 Welcome Reception [\$10,000]

of Booths _____ **Space Preference:**

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice
------------------------	------------------------	------------------------	------------------------

Please List the Name of Any Company That You Do Not Wish To Be In Close Proximity To*

We Agree To Abide By the Rule & Regulations Established For Exhibitors

[Please check]

*Every attempt will be made to honor placement requests. However, requests cannot be guaranteed.

PAYMENT INFORMATION

Final Payment

Final payment is due 30-days prior to the start of the program (September 3, 2008).

Cancellation Policy

Cancellations received in writing 60-days prior to the start of the program will be subject to a 25% administrative fee. There will be no refunds for cancellations received within 60-days of the start of the program.

Payment By Check

Please make checks payable to New England Society for Vascular Surgery and mail to: 203 Washington Street, PMB 311, Salem, MA 01970

Payment Method

MasterCard VISA Check (# _____)

Credit Card #: _____

Expiration Date: ____ / ____ Security Code (3 or 4 digit #): _____

Name As It Appears On Card: _____

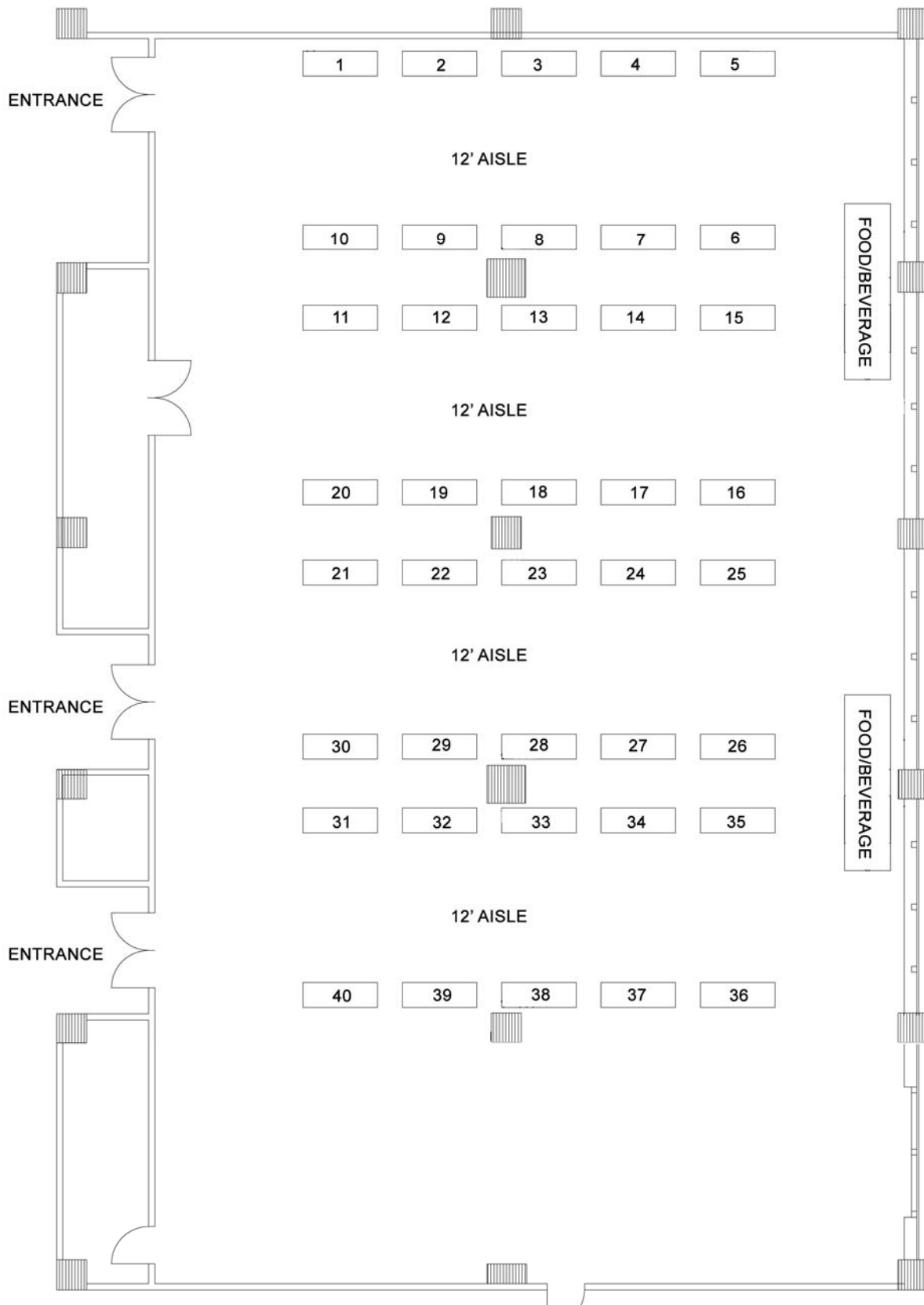


FAX COMPLETED APPLICATION TO 978-744-5029.

FOR OFFICE USE ONLY

Date Deposit Received: ____ / ____ / ____
 Date Final Payment Received: ____ / ____ / ____
 Booth # Assigned: _____
 Deposit Amount: \$ _____.⁰⁰
 Total Payment Amount: \$ _____.⁰⁰

EXHIBIT HALL FLOOR PLAN



HOTEL RESERVATION FORM

RESERVATIONS CAN
BE MADE BY:

Calling the Hotel Directly [800-262-0680]
Fax Completed Hotel Form [617-385-4001]
Mail Completed Hotel Form Seaport Hotel
Attention: Reservations Department
200 Seaport Boulevard
Boston, Massachusetts 02210

New England Society for Vascular Surgery 36TH ANNUAL MEETING | OCTOBER 2-4, 2009



DEADLINE

All reservations must be made by **Tuesday, September 1, 2009** (5:00 pm EST) to guarantee the group rate. After this deadline, **or if the NESVS block of rooms sells out prior to the above mentioned deadline**, availability and rate cannot be guaranteed.

PRICING

On behalf of our meeting attendees, the special rate of \$259.⁰⁰ has been secured over the dates of the meeting (plus applicable state and local taxes - currently 12.45%).

CONFIRMATION

All reservations require a major credit card for guarantee.

CANCELLATIONS

Cancellations must be received by 6:00 pm on the arrival day or one-nights room and tax will be assessed.

EARLY DEPARTURE FEE

Any early departure will be charged a fee based on one night's rate, 12.45% tax and \$3.⁰⁰ service charge.

CHECK-IN

Check-in time at the Seaport Hotel is 3:00 pm. All guests arriving before 3:00 pm will be accommodated as rooms become available.

CHECK-OUT

Check-out time at the Seaport Hotel is 12:00 noon. The bell staff at the Seaport Hotel can arrange to check baggage for those guests attending functions on departure day.

Name _____

Name of Guest _____

Address _____

City _____ State _____ Postal Code _____

Country _____

Telephone _____ Fax _____

Email _____

TRAVEL INFORMATION

ARRIVAL DATE: _____ ARRIVAL TIME: _____ : _____ AM PM

DEPARTURE DATE: _____ DEPARTURE TIME: _____ : _____ AM PM

PLEASE RESERVE THE FOLLOWING

- Single Occupancy \$259.⁰⁰/night
 Double Occupancy \$259.⁰⁰/night

SPECIAL REQUESTS

- King Bed Two Double Beds
 Other: _____

PAYMENT INFORMATION

- Check (Drawn On A U.S. Bank Only) Check #: _____
 MasterCard VISA American Express Discover

Credit Card #: _____

Expiration Date: _____ / _____ Security Code (3 or 4 digit #): _____

Name On Card: _____

Signature: _____