

2ND HEART TEAM SUMMIT

Montréal Live 2017



Cardiologie interventionnelle
Interventional Cardiology

Montréal

31 01 02
MAI/MAY JUIN/JUNE

FAX THIS FORM TO 514-287-1248

Mr. Ms. Mrs. Dr. Prof. Other:

Last Name

First Name

Title

Email

Company

Address

City

Province/State - Postal Code/Zip

Country

Telephone

Fax

Educational Grant Opportunities

Platinum Contributor
\$100,000 to
\$75,000 CAD

Gold Contribution
\$ 74,999 to
\$ 50,000 CAD

Silver Contributor
\$49,999 to
\$25,000 CAD

Bronze Contributor
\$24,999 to
\$10,000 CAD

Please refer to the Educational Grant Opportunities posted on the website at: www.mhi.interv.org for package details.

Customized Items

Upon approval from the Organizing Committee, the items listed below with an asterisk (*) could be offered in-kind as opposed to a financial contribution. Each item is an exclusive visibility (for a single contributor).

<input type="checkbox"/> Notepad in hard cover*	\$15,000
<input type="checkbox"/> Pen*	\$5,000
<input type="checkbox"/> Lanyard*	\$5,000
<input type="checkbox"/> Roll-Up Banner Display	\$5,000

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CONTRIBUTION REQUEST FORM 2017

Satellite Symposium - Platinum Contributor

Upon a minimum grant of **\$75,000** a limited number of contributors are offered the opportunity of presenting a 45-minute satellite symposium, held on Wednesday, May 31 or Thursday, June 1 of the core scientific program. Each company is responsible for its symposium and also for invitations and mailings. A limited number of windows are available.

Date (Subject to change depending on the program)	Time	Your Preference (choices 1 and 2)
Wednesday, May 31, 2017	12:15 – 13:00	
Thursday, June 1, 2017	18:15 – 19:00	

Topic:

Working Luncheon Workshop - Gold Contributor

With a minimum grant of **\$50,000**, the Working Luncheon Workshop offers contributors an opportunity to address delegates directly, between 12:15 and 13:15, on Friday June 2, 2017. A limited number of windows are available.

Topic:

CONFIRMATION

On behalf of my company, I _____ confirm a contribution to the symposium
of _____ CAD \$ Signature: _____

Payment Instructions and Schedule

Upon confirmation: Please send your cheque for 50% of total contribution with a copy of this form.
March 1, 2017: Deadline for sending the remaining 50% due on your contribution account.

Cheques must be made payable to:
Institut de Cardiologie de Montréal
and mention the : Symposium de cardiologie interventionnelle

Cheques must be mailed to the following address:

Michèle Plante
Centre de recherche
Institut de Cardiologie de Montréal
5000, rue Bélanger
Montréal H1T 1C8
Canada

OR EMAIL THIS FORM TO cardio@jpd1.com