



ANCILLARY EVENT LETTER OF AGREEMENT

COMPANY: _____
TYPE of EVENT: _____
DATE OF EVENT: _____
TIME OF EVENT: _____
LOCATION: _____
ATTENDANCE: _____

- 1. We have enclosed a payment in the amount of \$15,000.
2. We agree to verbally and in written form at this event announce that our event is not sponsored by, endorsed by, or affiliated with the ACP.
3. We understand that promotion and marketing of the event are the sole responsibility of our company.
4. We understand that promotional signs or literature are not permitted in the hotel lobby.
5. We understand that door drops and hotel room marketing are not permitted, except as negotiated with and permitted by ACP.
6. We understand that standing in the public areas of the hotel lobby or hallway to promote our event is strictly prohibited.
7. We understand that we may hand out promotional materials for this event in our designated booth in the exhibit hall.

Print/Type Full Name of Company Representative Title

Signature of Authorized Company Representative Date
By signing above, I verify that I am authorized to do so on behalf of Cool Touch, Inc.

Check Enclosed (Please make payable to: American College of Phlebology)
MasterCard Account Number
VISA Expiration Date (MM/YYYY)
American Express Name on Card
JCB Card Signature
Credit Card Billing Address (required)