



**13<sup>th</sup> INTERNATIONAL VETERINARY  
EMERGENCY & CRITICAL CARE SYMPOSIUM  
NEW ORLEANS, LA \* SEPT 26 - 30, 2007**

(company name)

**AGREES TO SPONSOR THE FOLLOWING IVECCS 2007 EVENTS** *(see sponsorship options listing)*

**A. RECEPTIONS, PROCEEDINGS, PROMOTIONAL ITEMS, OTHER EVENTS** *(please list)*

<u>Event</u>	<u>Amount</u>
1. _____ / _____	_____ / _____
2. _____ / _____	_____ / _____
3. _____ / _____	_____ / _____

**B. LECTURES / LABORATORIES / LIMITED ENROLLMENT SESSIONS** *(The complete IVECCS program will be available approximately January 1<sup>st</sup>)*

<u>Course Title or Topic Module</u>	<u>Course No(s).</u>	<u>Amount</u>
1. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
2. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
3. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
4. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
5. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
6. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

**C. GENERAL SCIENTIFIC PROGRAM** *(unspecified support to general program)*

Apply my donation of \$\_\_\_\_\_ to help underwrite the IVECCS General Program

**TOTAL AMOUNT OF SPONSORSHIP PLEDGE:**  $A + B + C = \$$  \_\_\_\_\_

Make checks payable to VECCS and mail as directed below, or

Payment by Credit card:  Visa     MC     Amex    Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_ 3-Digit V-Code: \_\_\_\_\_

Name (authorized official-please print): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Return this form immediately to insure selected events are available. Address payment and correspondence to:

**Dr. Gary L. Stamp,  
Executive Director, VECCS  
6335 Camp Bullis Road, Suite 12  
San Antonio, TX 78257  
Phone: 210-698-5575 / Fax: 210-698-7138  
email: stamp@veccs.org**