



**A T E A M A P P R O A C H**  
**DIABETIC LIMB SALVAGE**  
**GEORGETOWN UNIVERSITY HOSPITAL**

**14-16 October 2010 ❖ JW Marriott Pennsylvania Avenue ❖ Washington, DC**

**Supporter/Exhibitor  
Letter of Commitment**

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

**Company Name** \_\_\_\_\_

**Company Representative** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**SUPPORT PACKAGE TOTAL**

**All support fees are payable to Georgetown University Hospital ❖ Federal Tax ID 52-2218584**

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Dennis A. Vitrella, Conference Director

\_\_\_\_\_  
Company Representative Name (please print)

Please return this signed form immediately to **Dennis A. Vitrella, Conference Director**  
**1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA ❖ 70503**  
**Phone 337-235-6606 ❖ FAX 337-235-7300 ❖ dennis@dlsconference.com**