

# APPLICATION FOR EXHIBIT SPACE



2010 STSA ANNUAL MEETING  
NOVEMBER 3-6, ORLANDO, FL

## DISNEY'S YACHT & BEACH CLUB – ORLANDO, FLORIDA

Please mail completed application and check to: STSA, 633 North Saint Clair, Suite 2320, Chicago, IL 60611 - OR – Fax with credit card information to: STSA, Attn: Mary Kate Heywood, 312-268-7469. If you have questions, contact Mary Kate 312-202-5816. Please make a copy for your files. Application to exhibit this \_\_\_\_\_ day of \_\_\_\_\_ 2010 by and between \_\_\_\_\_ hereinafter called "Exhibitor", and the Southern Thoracic Surgical Association, hereinafter called "STSA."

In accordance with the following terms, conditions and regulations, governing exhibits of STSA at Disney's Yacht & Beach Club, Orlando, Florida, November 3-6, 2010, the undersigned hereby makes application for exhibit space(s), which application, when accepted by STSA, becomes a contract. Terms and conditions listed under STSA EXHIBIT RULES & REGULATIONS, as well as those conditions under which exhibit space at Disney's Yacht & Beach Club is leased to STSA, are part of this contract.

For general and corporate support information and floor plan exhibits, see accompanying brochure. Booth rentals are as indicated on the official floor plan.

**I. CONTACT PERSON:** This person is authorized to sign this contract and will receive future exhibitor mailings:

Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**II. BOOTH INFORMATION:** The following are preferred booths as numbered on accompanying floor plan in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

List any exhibits and /or products you do not wish to be in close proximity to your display:

\_\_\_\_\_

List any exhibits and /or products you desire to be in close proximity to your display:

\_\_\_\_\_

**III. PRODUCT DESCRIPTION & PROGRAM BOOK:** A brief description of your product or service for inclusion in printed program is limited to 30 words. Please e-mail your description to Mary Kate Heywood at [mheywood@stsa.org](mailto:mheywood@stsa.org) by August 13, 2010.

**Exhibit to be listed in the program as follows:**  
(please print clearly)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**IV. PAYMENT:** Cost of 10' x 10' Booth: \$5,500

Enclosed is our check for \$ \_\_\_\_\_, full payment of the exhibit space rental.

Checks to be made payable to:

**SOUTHERN THORACIC SURGICAL ASSOCIATION**

Credit Card:  American Express  MasterCard  Visa

Amount to be charged: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address (if different from contact address):

\_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**V. IT IS IMPORTANT TO US THAT YOU ENJOY THIS CONFERENCE.** If you have any special needs or requirements, please contact Mary Kate Heywood at [mheywood@stsa.org](mailto:mheywood@stsa.org). We will do our best to accommodate all special needs.

### FOR OFFICE USE ONLY

Accepted By Southern Thoracic Surgical Association

Assigned Booth No. (s): \_\_\_\_\_

Cost of Booth(s): \_\_\_\_\_

Amount Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_