

Application for Exhibit Space
Southern Thoracic Surgical Association

Hyatt Regency Coconut Point Resort & Spa – Bonita Springs, Florida – November 7 – 10, 2007

Please fill out the application. Mail with check to: STSA, 633 North Saint Clair, Suite 2320, Chicago, IL 60611 - OR – Fax with credit card information to: STSA, Attn: Lauren Herpe, 312-202-5829. If you have questions, contact Lauren at 312-202-5836. Please make a copy for your files.

Application to exhibit this _____ day of _____, 2007 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 the Hyatt Regency Coconut Point Resort & Spa, Bonita Springs, Florida, November 7 – 10, 2007, 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 the Hyatt Regency Coconut Point Resort & Spa Hotel is leased to STSA, are part of this contract.

For general 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: _____

Signature: _____

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. _____

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 email your description to Lauren Herpe at lherpe@sts.org by **August 3, 2007**.

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

Company Name: _____

Address: _____

City, State, Zip: _____

IV. Payment

Cost of Booth: \$5,000

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: _____

Name as it appears on card: _____

Cardholder's Signature: _____

V. It is important to us that you enjoy this conference. If, due to a disability, you have any special needs or requirements, please let us know by placing an X in this box and we will do our best to accommodate you. 

(For Office Use Only)

Accepted by Southern Thoracic Surgical Association

Assigned Booth No.(s): _____

Exhibit Coordinator Signature: _____

Cost of Booth(s): _____

Amount Received: _____

Date: _____

Amount Due: _____