

APPLICATION FOR EXHIBIT SPACE

SOUTHERN THORACIC SURGICAL ASSOCIATION

NOVEMBER 4 - 7, 2009

Marco Island Marriott Beach Resort
Marco Island, Florida

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: Mary Kate Murray, 312-268-7469. If you have questions, contact Mary Kate at 312-202-5816. Please make a copy for your files.

Application to exhibit this _____ day of _____, 2009 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 Marco Island Marriott Beach Resort, Marco Island, Florida, November 4-7, 2009, 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 Marco Island Marriott Beach Resort 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: _____

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 Murray at mmurray@stsa.org by **August 3, 2009**.

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

Company Name: _____

Address: _____

City, State, Zip: _____

IV. PAYMENT: COST OF 8X10 BOOTH: \$5,000

Includes booth, chairs, hotel ballroom carpet and two tickets to President's Mixer.

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, due to a disability, you have any special needs or requirements, please contact Mary Kate Murray, mmurray@stsa.org. We will do our best to accommodate all special needs.

(For office use only)

Assigned Booth No. (s): _____ Amount Received: \$ _____

Cost of Booth(s): _____ Amount Due: \$ _____

Accepted by Southern Thoracic Surgical Association

Exhibit Coordinator Signature _____

Date: _____