

# APPLICATION FOR EXHIBIT SPACE



Southern Thoracic Surgical Association  
62<sup>nd</sup> Annual Meeting  
Disney's Yacht & Beach Club Resorts  
Lake Buena Vista, FL  
November 4-7, 2015  
www.stsa.org

Please mail completed application and check to: STSA, 633 North Saint Clair, Floor 23, Chicago, IL 60611-OR-fax with credit card information to: STSA, Attn: Angel Law, (312) 268-7469. If you have questions, contact Angel at alaw@sts.org or (312) 202-5838. Please make a copy for your files.

Application to exhibit this \_\_\_\_\_ day of \_\_\_\_\_, 2015 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 Resorts, Lake Buena Vista, Florida, November 4-7, 2015, 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 Disney's Yacht & Beach Club Resort is leased to STSA, are part of this contract.

For general and corporate support information and floor plan of exhibits, see accompanying brochure.

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

**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 the printed program is **limited to 30 words**. Please e-mail your description to Angel Law at alaw@sts.org by August 7, 2015.

**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: \$ \_\_\_\_\_

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 Angel Law, at alaw@sts.org. We will do our best to accommodate all special needs.

## For office use only

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

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

## Accepted By STSA

Exhibit Manager Signature \_\_\_\_\_

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

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

Date \_\_\_\_\_