

APPLICATION FOR EXHIBIT SPACE



Southern Thoracic Surgical Association
63rd Annual Meeting
Naples Grande Beach Resort
Naples, FL
November 9–12, 2016
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 _____, 2016 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 Naples Grande Beach Resort, Naples, Florida, November 9-12, 2016, the undersigned hereby makes application for exhibit space(s), which, 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 Naples Grande Beach Resort 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: _____
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 8, 2016.

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 in Ballroom: \$5,500
Cost of 10' x 10' Booth in Foyer Area: \$6,000**

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: \$ _____

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)
_____ Cost of Booth(s)
_____ Amount Received
_____ Amount Due

Accepted By STSA

Exhibit Manager Signature

Date

Exhibit space will be assigned on a first-come, first-served basis.