

APPLICATION FOR EXHIBIT SPACE



**Southern Thoracic Surgical Association
65th Annual Meeting
Omni Amelia Island Plantation Resort
Amelia Island, FL
November 7-10, 2018
www.stsa.org**

Please mail completed application and check to: STSA, 633 North Saint Clair, Floor 21, Chicago, IL 60611 – OR – fax with credit card information to: STSA, Attn: Angel Law, 312.202.5803. If you have questions, contact Angel at 312.202.5838. Please make a copy for your files.

Application to exhibit this _____ day of _____, 2018 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 Omni Amelia Island Plantation Resort, Amelia Island, Florida, November 7-10, 2018, 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 Omni Amelia Island Plantation Resort is leased to STSA, are part of this contract.

For general and corporate support information and exhibit floor plan, 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:

Product Description for Program Book & Mobile App: 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 13, 2018.

By checking this box, the Exhibitor agrees to the 2018 STSA EXHIBIT RULES & REGULATIONS.

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' Premium Exhibit space: \$6,000
 Cost of 10' x 10' Exhibit space: \$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, 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

** The number of available booths is limited and will be assigned on a first-come, first-served basis.