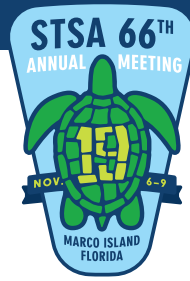


EXHIBITOR REGISTRATION FORM



SOUTHERN THORACIC SURGICAL ASSOCIATION
JW Marriott Marco Island Beach Resort | Marco Island, FL
November 6-9, 2019
www.stsa.org

EXHIBITING COMPANY INFORMATION

Company Name

Contact Name

Address

City

State

Zip

Phone

Fax

E-mail

Booth Number

BADGE ALLOTMENT

Exhibiting companies will receive two (2) complimentary badges. Two (2) additional badges may be purchased for \$100.00 each. Any additional badges after the two (2) complimentary badges and the two (2) badges for \$100 may be purchased separately as an industry employee registration. Please list the names of all personnel who will be assigned to your booth.

All names are to be printed as you want them to appear on your name badge. **(Please print clearly)**

COMP (1) Until October 7, 2019 Last First Middle Initial

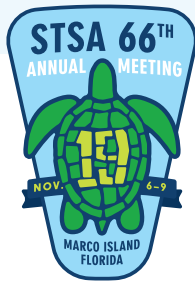
COMP (1) Until October 7, 2019 Last First Middle Initial

\$100.00 (1) Until October 7, 2019 Last First Middle Initial

\$100.00 (1) Until October 7, 2019 Last First Middle Initial

ADDITIONAL BADGES

If you require an additional badge beyond the four badges listed above, industry employee registration is required. Please complete an attendee registration form found at stsa.org.



SOCIAL EVENTS (PLEASE LIST ALL NAMES)

EVENT REGISTRATION	QUANTITY	TICKET PRICE	TOTAL	NAMES
<p>President's Mixer Thursday, November 7, 2019 7:00 pm - 9:00 pm Two complimentary tickets are included with registration.</p>	_____	\$25	_____	_____ _____ _____ _____
<p>Dinner Gala Friday, November 8, 2019 7:00 pm - 10:00 pm Advance registration recommended. A limited number of tickets will be sold on site.</p>	_____	\$125	_____	_____ _____ _____ _____

PAYMENT INFORMATION (PAYMENT MUST BE RECEIVED IN FULL)

TOTAL OF ALL FEES: \$ _____

CHECK # _____

CREDIT CARD Please circle card type below

Visa
 MasterCard
 American Express

Card Holder Name _____ Signature _____

Billing Address (If different from contact address) _____

Credit Card # (Please print clearly) _____ Expiration Date _____

Signature _____

If paying by check, make check payable to:
 Southern Thoracic Surgical Association
 and mail to Meagan Reichstein
 633 N. Saint Clair St., Suite 2100
 Chicago, IL 60611

If paying by credit card:
 Fax both pages of this form to
 Meagan Reichstein at 312-268-7469 or
 email to mreichstein@sts.org.