



**The Society
of Thoracic
Surgeons**

54th Annual Meeting & Exhibition
January 27-31, 2018
Fort Lauderdale, Florida
www.sts.org/annualmeeting

Exhibitor Staff Meeting Space Request Form

Deadline: January 3, 2018

Please complete **one application for each planned EXHIBITOR STAFF FUNCTION**. Send completed form(s) to Angel Law, STS Exhibit Manager, by fax at (312) 202-5803 or by e-mail at alaw@sts.org. Applications must be received no later than Friday, January 3, 2018.

All exhibitor staff meeting space will be assigned by STS at the Hilton Fort Lauderdale Marina, Embassy Suites, or Fort Lauderdale Marriott Harbor Beach Resort & Spa. The group named below will be responsible for all charges.

STS will communicate directly with the hotel to confirm the meeting space. No date, time, or location changes will be accepted by the hotel unless authorized by STS; however, applicant may communicate directly with the hotel to change attendance estimates. Following application approval, applicant will work directly with the hotel on all logistics associated with the meeting (e.g., room setup, menus and guarantees, A/V needs, billing).

These events are for exhibiting company staff only. No meeting registrants are to be present at these functions.

Exhibitor: _____ Official Contact: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Staff Function Purpose: _____

Function Date: _____ Day of week: _____

Starting Time: _____ Ending Time: _____ Number of Employees Anticipated: _____

Function Type (please check one): Meeting _____ Breakfast _____ Lunch _____ Dinner _____ Reception _____

SETUP REQUIREMENTS:

Conference Style _____ U-Shaped _____ Square _____ Hollow Square _____ School Room _____

Theater _____ Rounds _____ Cocktail Rounds _____ Elevated Stage _____ Attached Diagram _____

Standing Lectern _____ Table Lectern _____ Head Table # people _____ A/V required _____

Other _____

By checking the box above, I warrant that I am authorized to act on behalf of the Exhibitor identified above and agree to abide by the specifications listed below.

Your name: _____

Title: _____

Date submitted: _____

SUBMISSION DEADLINE: JANUARY 3, 2018

FOR STS HEADQUARTERS USE ONLY: Approved: _____ Date: _____

Hotel Assigned: _____ Hotel Contact: _____

Telephone: _____ Fax: _____ E-Mail: _____

Room Assignment: _____