

APPLICATION FOR EXHIBIT SPACE

THE SOCIETY OF THORACIC SURGEONS 54TH ANNUAL MEETING & EXHIBITION

Greater Fort Lauderdale/Broward County Convention Center – Fort Lauderdale, FL • January 27-31, 2018

Application to exhibit dated _____, 2017, by and between _____ (hereinafter called "Exhibitor") and The Society of Thoracic Surgeons (hereinafter called "the Society").

In accordance with the terms and conditions governing exhibits at The Society of Thoracic Surgeons 54th Annual Meeting & Exhibition at the Greater Fort Lauderdale/Broward County Convention Center, Fort Lauderdale, Florida, January 27-31, 2018, the undersigned hereby makes the application for exhibit space, which, when accepted by the Society, becomes a contract. Terms and conditions listed under the online [EXHIBIT RULES & REGULATIONS](#), as well as those conditions under which exhibit space in the Greater Fort Lauderdale/Broward County Convention Center is leased to The Society of Thoracic Surgeons, are a part of this contract.

If you have questions about this application or payment, contact Angel Law at (312) 202-5838 or alaw@sts.org. For general information and the exhibit floor plan, see www.sts.org/exhibits. Application must be completed in full.

<p>Contact Person: This person will receive future exhibitor mailings and will be responsible for all booth logistics: PLEASE PRINT</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City, State, Country: _____ Zip/Postal: _____</p> <p>Phone: (____) _____ Ext. _____ Fax: (____) _____</p> <p>E-mail Address: _____</p> <hr/> <p>We agree to abide by the STS Exhibit Rules & Regulations presented in the <i>Exhibitor Prospectus</i> and by the conditions under which exhibit space in the Greater Fort Lauderdale/Broward County Convention Center is leased to STS. Submission of this form and its written acceptance by the Society constitutes a binding contract between the Exhibitor and the Society.</p> <p><u>Applications will not be processed without a signature.</u></p> <p>_____</p> <p>Authorized Signature</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Title</p> <hr/> <p>A brief description of your product or service for possible inclusion in the printed <i>Program Guide</i> must be submitted online (additional instructions will be sent with an exhibit space confirmation e-mail). The description should not exceed 50 words. Any description over 50 words is subject to editing by the Society. Descriptions received after October 13, 2017, will not be included in the <i>Program Guide</i>, but may be included in the <i>STS Meeting Bulletin</i>, the Society's convention newspaper, if received by November 29, 2017.</p> <hr/> <p>(FOR OFFICE USE ONLY)</p> <p>Assigned Booth No.(s): _____</p> <p>Cost of Booth(s): \$ _____</p> <p>Amount Received: \$ _____</p> <p>Amount Due: \$ _____</p> <hr/> <p>Accepted by The Society of Thoracic Surgeons</p> <p>_____</p> <p>Exhibit Manager/Director of Meetings & Conventions Date</p>	<p>Exhibit Space Fees:</p> <p>On or before March 1, 2017</p> <p>Inline booth (no corners): \$3,050 Inline booth (with corner): \$3,200 Island booth (includes corners): \$3,350 per 100 sq. ft.</p> <p>After March 1, 2017</p> <p>Inline booth (no corners): \$3,150 Inline booth (with corner): \$3,300 Island booth (includes corners): \$3,450 per 100 sq. ft.</p> <p>Please note: 50% of the total exhibit space rental is due with the Application for Exhibit Space.</p> <p>Booth type:</p> <p>Inline: 10' x 10' or multiples (eg, 10' x 20', 10' x 30') (limit 2 corners) Dimensions _____ x _____ Number of corners _____</p> <p>Island: 20' x 20' or larger Dimensions _____ x _____ Number of corners <u>4</u></p> <p>The following are booth locations in order of preference. 1. _____ 2. _____ 3. _____ 4. _____</p> <hr/> <p>Deposit Payment Method: A 50% deposit must be submitted with the Application for Exhibit Space. Full payment is due no later than Friday, August 18, 2017.</p> <p>Check made payable to: The Society of Thoracic Surgeons – Exhibit Rental. Checks must be mailed with a copy of this application to the below address:</p> <p>The Society of Thoracic Surgeons Exhibit Rental, P.O. Box 809272, Chicago, IL 60680-9272</p> <p><input type="checkbox"/> Check enclosed for \$ _____</p> <p>Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Application can be e-mailed to alaw@sts.org or faxed to (312) 202-5803.</p> <p>Amount to be charged: \$ _____</p> <p>_____</p> <p>Credit Card Number</p> <p>_____</p> <p>Expiration Date</p> <p>_____</p> <p>Billing Address if different than contact address</p> <p>_____</p> <p>City, State, Zip/Postal Code</p> <p>_____</p> <p>Name as it appears on the credit card</p> <p>_____</p> <p>Cardholder's Signature</p>
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