

APPLICATION FOR EXHIBIT SPACE
THE SOCIETY OF THORACIC SURGEONS 55TH ANNUAL MEETING & EXHIBITION
San Diego Convention Center – San Diego, CA • January 26-30, 2019

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

In accordance with the terms and conditions governing exhibits at The Society of Thoracic Surgeons 55th Annual Meeting & Exhibition at the San Diego Convention Center, San Diego, California, January 26–30, 2019, the undersigned hereby makes this application for exhibit space, which, when accepted by STS, becomes a contract between Exhibitor and STS. Terms and conditions listed under the online EXHIBIT RULES & REGULATIONS, as well as those conditions under which exhibit space in the San Diego Convention Center is leased to The Society of Thoracic Surgeons, are a material 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 accompanying materials. Application must be completed in full.

<p>Contact Person: This person will receive future exhibitor emails 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>Email Address: _____</p> <hr/> <p>We agree to abide by the STS Exhibit Rules & Regulations presented on the STS website and by the conditions under which exhibit space in the San Diego Convention Center is leased to STS. Submission of this form and its written acceptance by STS constitutes a binding contract between the Exhibitor and STS.</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>(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> <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, 2018</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>After March 1, 2018</p> <p>Inline booth (no corners): \$3,250 Inline booth (with corner): \$3,400 Island booth (includes corners): \$3,550 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.</p> <p>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 17, 2018.</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, PO 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</p> <p>Application can be emailed 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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