



# STS Coronary Conference

June 4-5, 2022 Ottawa, ON, Canada

## **Exhibitor Prospectus**

### **COURSE DIRECTORS**

Marc Ruel, MD, MPH, Ottawa, ON, Canada Joseph F. Sabik III, MD, Cleveland, OH, USA Sigrid Sandner, MD, Vienna, Austria David Glineur, MD, PhD, Ottawa, ON, Canada

In cooperation with the University of Ottawa Heart Institute

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### **About the STS Coronary Conference**

This new conference, led by Program Directors Marc Ruel, MD, MPH, Joseph F. Sabik III, MD, Sigrid Sandner, MD, and David Glineur, MD, PhD, is a 2-day interactive educational activity dedicated to advanced coronary artery surgery. It will include didactic presentations, "How I Do It" video sessions on surgical techniques, practical tips and tricks, abstract sessions, and case-based panel discussions.

Session topics will focus on the current state of revascularization, conduit selection and harvest, graft configuration, offand on-pump CABG, endarterectomy, low ejection fraction, minimally invasive CABG, myocardial revascularization, CABG and fractional flow reserve, and post-operative medical therapy.

### **Stand Out Among Your Competitors & Partners**

Increase your company's opportunity for personalized interactivity with attendees by exhibiting at the 2022 STS Coronary Conference. Five breaks will take place in the exhibit area and have been scheduled so that attendees have plenty of time to visit your booth. Buffets for breakfast also will be in the exhibit-area. The intimate size of the exhibition will help ensure that you have quality access to meeting attendees.

Exhibitors also are eligible to purchase symposia, registrant list licenses, email blast communications, social media posts, website advertisements, and/or support the meeting with an educational grant.

### Venue

Fairmont Chateau Laurier
1 Rideau St, Ottawa, ON K1N 8S7, Canada

The exhibit area will be in the Drawing Room.

### **Exhibit Space Fee**

\$7,500

### **Exhibition Schedule**

Saturday, June 4 6:30 a.m. – 6:00 p.m. Sunday, June 5 7:00 a.m. – 1:00 p.m.

### **Break Schedule**

Saturday, June 4 6:30 a.m. – 7:25 a.m. (Breakfast)

10:30 a.m. - 11:00 a.m.

12:55 p.m. – 1:40 p.m. (Lunch)

3:30 p.m. – 4:00 p.m.

6:15 p.m. – 7:00 p.m. (reception)

Sunday, March 5

7:00 a.m. - 7:25 a.m. (Breakfast)

10:10 a.m. - 10:40 a.m.

12:10 p.m. - 12:50 p.m. (Lunch)



### APPLICATION FOR EXHIBIT SPACE STS Coronary Conference

June 4-5, 2022

### Fairmont Chateau Laurier • Ottawa, ON, Canada

| Application to exhibit dated                                                                           | , by and b                                                                 | between                                                                                                                                                                                                               |                   |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| (hereinafter called "Exhibitor") and The                                                               | Society of Thoracic Su                                                     | rgeons (hereinafter called "STS").                                                                                                                                                                                    |                   |
| Chateau Laurier, June 4-5, 2022, the und<br>by STS, becomes a contract between Ex                      | dersigned hereby make<br>hibitor and STS. Terms<br>ons, as well as those c | its at the 2022 STS Coronary Conference at the Fixes this application for exhibit space, which, whe is and conditions listed in this Application and in the conditions under which exhibit space at the Fairr ntract. | n accepted<br>the |
| <b>Company Information</b>                                                                             |                                                                            |                                                                                                                                                                                                                       |                   |
| Company Name:                                                                                          |                                                                            |                                                                                                                                                                                                                       |                   |
| Mailing Address:                                                                                       |                                                                            |                                                                                                                                                                                                                       |                   |
| City:                                                                                                  | State:                                                                     | ZIP Code:                                                                                                                                                                                                             |                   |
| Contact Name:                                                                                          | Title:                                                                     |                                                                                                                                                                                                                       |                   |
| Phone Number:                                                                                          | Fax Number:                                                                | Email Address:                                                                                                                                                                                                        |                   |
| Authorized Signature:                                                                                  |                                                                            |                                                                                                                                                                                                                       |                   |
| Badge Information (Indicate company r                                                                  | epresentatives for you                                                     | ır two complimentary exhibitor badges.)                                                                                                                                                                               |                   |
| 1. Name:                                                                                               | Em                                                                         | nail Address:                                                                                                                                                                                                         |                   |
| 2. Name:                                                                                               | Em                                                                         | nail Address:                                                                                                                                                                                                         |                   |
| Additional badges must be purchased a                                                                  | as industry employee i                                                     | registrations on the <u>STS website</u> .                                                                                                                                                                             |                   |
| Payment Information  ☐ Check (made payable to The Society of Credit card charge in the amount of \$7,5 |                                                                            |                                                                                                                                                                                                                       |                   |
| Credit Card #:                                                                                         |                                                                            | Exp/                                                                                                                                                                                                                  |                   |
| Cardholder Name:                                                                                       |                                                                            | Signature:                                                                                                                                                                                                            |                   |
| Billing Address:                                                                                       |                                                                            |                                                                                                                                                                                                                       |                   |

| The Society of Thoracic Surgeons                                                                           |                                       |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Attn: Finance                                                                                              |                                       |
| C/O: STS Coronary Conference                                                                               |                                       |
| 633 N Saint Clair St, Suite 2100                                                                           |                                       |
| Chicago, IL 60611-3658                                                                                     |                                       |
| Space is assigned on a first-come, first-served basis. The Exhibitor is responsible for event is canceled. | or 100% of the exhibit fee unless the |
| Accepted by The Society of Thoracic Surgeons                                                               |                                       |
| Exhibit Manager Signature:                                                                                 | Date:                                 |
|                                                                                                            |                                       |

Please email the completed application to Meagan Reichstein, Exhibit Manager, at <a href="mailto:mreichstein@sts.org">mreichstein@sts.org</a>, fax to 312-268-

7469, or mail with check to:

### 2022 STS Coronary Conference June 4-5, 2022

### **Exhibit Space Rules & Regulations**

#### 1. General

These Rules & Regulations apply to the 2022 STS Coronary Conference to be held at the Fairmont Chateau Laurier, June 3-5, 2022 (the "Exhibition"). All matters and questions not covered by these Rules & Regulations are subject to the decision of The Society of Thoracic Surgeons. In the event of any such decision being of general interest, written notice will be given by the Society to exhibitors that may be affected.

The words "the Society" used herein shall mean The Society of Thoracic Surgeons, its officers, directors, agents, and employees acting for the management of the Meeting and Exhibition.

The word "Exhibitor" used herein shall mean a company or organization that has entered into a contract ("Contract") with the Society for exhibit space at the Exhibition, including its owners, officers, employees, and representatives.

### 2. Exhibit Space Includes

- 2 complimentary exhibitor badges
- 16' x 30" skirted table
- 2 chairs
- 1 sign listing company name
- 1 standard electrical hookup

### 3. Exhibit Dates and Hours

The exhibit hall will be open Saturday, June 4, 2022, from 6:30 a.m. to 6:15 p.m. and Sunday, June 5, 2022, from 7:00 a.m. to 3:30 p.m., local time.

### 4. Setup and Teardown of Exhibits

Exhibit space is assigned on a first-come, first-served basis upon the Society's receipt of payment.

The setup of exhibits will begin at 7:30 p.m. on Friday, June 3, and must be completed by 8:30 p.m. that same day. If an Exhibitor does not show up, the Society reserves the right to make other use of the space as it deems necessary, with no refund being made to the original contracting Exhibitor.

Teardown of exhibits will begin at 3:30 p.m. on Sunday, June 5, and must be completed by 16:30 p.m. that same day. If an exhibit is not removed by that time, the Society has the right to remove the exhibit and charge all associated expenses to the Exhibitor. Teardown of exhibits may not begin prior to 3:30 p.m. on Sunday, June 5.

### 5. Conduct of Exhibitors

Exhibitor representatives shall conduct themselves in an ethical and professional manner at all times and in conformance with the Contract, including these Rules & Regulations. The Society reserves the right to deny the privileges of the Exhibition area to any and all Exhibitors who do not so conduct themselves. Exhibitor badges are personal, not transferable, and must be worn at all times by the individual named thereon.

No Exhibitor may photograph or videotape the booth, products, staff, or visitors of any other Exhibitor without the express permission of the other Exhibitor.

### 6. Special Effects and Giveaways

- Objectionable audible or visual attention-getting devices or effects and offensive odors from exhibits are prohibited.
- Distribution of samples, printed literature, or any other materials shall not interfere with other Exhibitors' spaces.

- Distribution of refreshments or other products for consumption on the premises, with the exception of water, will not be permitted unless explicitly approved by the Society.
- Films of purely entertainment character, without educational or informative value, will not be permitted.

### 7. Exhibit Space Construction and Arrangement

- All exhibit materials are to be confined to the tabletop provided.
- Only informational/educational papers, promotional pieces, or small equipment items that fit on a 6' x 30" table and/or items that do not exceed 6' in height will be allowed; 6' begins from the tabletop.
- One rollup floor banner is permitted to be displayed behind the tabletop and must be placed parallel to the tabletop; measurements may not exceed 34"w x 86"h x 14"d (*final placement of rollup floor banner is subject to the Society's approval onsite*).
- Exhibitors may not use racks, stands, bins, or other point-of-purchase materials unless they can be confined to the table.
- Limited quantities of extra handout materials may be stored underneath the display table. Nothing may be kept on or under the table overnight.
- Flammable materials are not allowed.
- Animal or human tissue is not allowed at any time.

### 8. Insurance and Liability

It is the Exhibitor's sole responsibility to obtain, at its own expense, all applicable licenses and permits and to comply with all federal, state, and local laws, including City of Ottawa ordinances, for any activities conducted in association with or as part of the Exhibition.

Exhibitor shall be fully responsible for any claims, liabilities, losses, damages, or expenses relating to or arising from any injury to any person or any loss of or damage to property where such injury, loss, or damage is incident to, arises out of, or is in any way connected with, Exhibitor's presence at the exhibition site, including but not limited to acts or omissions of its employees, agents, subcontractors, guests, and/or invitees. Exhibitor shall protect, indemnify, hold harmless, and defend the Society, Fairmont Chateau Laurier, and their respective officers, directors, agents, and employees against all such claims, liabilities, losses, damages, and expenses, including reasonable attorneys' fees and costs of litigation, arising from or in any way connected with Exhibitor's negligent acts, omissions, and/or participation in the Exhibition and/or presence at the exhibition site, or that of its employees, agents, subcontractors, guests, and/or invitees, provided that the foregoing shall not apply to injury, loss, or damage caused by or resulting from the willful misconduct of the Society, Fairmont Chateau Laurier, or their officers, directors, agents, or employees.

During the exhibition, including the installation and removal periods, Exhibitor, its agents, subcontractors, and representatives shall maintain insurance coverages as set forth in Exhibit A on pages 8 and 9, incorporated herein and made part of these Rules & Regulations. The Society and Fairmont Chateau Laurier must be named as additional insureds, on a primary and non-contributory basis on all liability insurance excluding workers' compensation. Any policy providing liability and/or property insurance must contain an express waiver by the Exhibitor and its insurance company of any right of subrogation as to any claims against the Society, Fairmont Chateau Laurier, and their respective officers, directors, agents, or employees. Exhibitor shall submit proof of such insurance to the Society at least 30 days prior to the Exhibition. Exhibitor shall ensure that each independent contractor or subcontractor performing work for Exhibitor during the Exhibition complies with all insurance requirements set forth in Exhibit A, and Exhibitor shall submit proof of the required insurance to the Society at least 30 days prior to the Exhibition.

In the event that any part of the Exhibition Hall is destroyed or damaged so as to prevent the Society from permitting Exhibitor to occupy assigned space during any part or the whole Exhibition period, or in the event occupation of assigned space during any part or the whole of the Exhibition period is prevented by strikes, acts of God, national emergency, or other causes beyond the control of the Society, Exhibitor will be charged for space during the period it was or could have been occupied by Exhibitor, if any, and Exhibitor hereby waives any claim against the Society, its directors, officers, agents, or employees for losses or damages that may arise in consequence of such inability to

occupy assigned space, its sole claim against the Society being one for a refund of rent paid for the period it was prevented from using the space.

### 9. Noise Level

Electrical, mechanical apparatus, movie, or musical/voice sounds must be inaudible to neighboring Exhibitors.

### 10. Registration and Badges

Exhibitor shall register its personnel in advance. Any additions or changes in registration made during the Exhibition must be certified by an officer of the Exhibitor or by the person in charge of the Exhibitor's booth space.

Additional exhibitor badges (beyond the two complimentary badges) may be purchased separately as an industry employee registration.

### 11. Americans with Disabilities Act

Exhibitor shall be responsible for making its exhibit accessible to persons with disabilities, as required by the Americans with Disabilities Act, and shall indemnify and hold harmless the Society and its officers, directors, agents, and employees from and against any consequences of Exhibitor's failure in this regard.

### EXHIBITOR'S INSURANCE REQUIREMENTS EXHIBIT A

| General Requirement               | Specific Requirement                                               |
|-----------------------------------|--------------------------------------------------------------------|
| GENERAL LIABILITY                 |                                                                    |
|                                   | \$1,000,000 Each Occurrence                                        |
|                                   | \$2,000,000 General Aggregate                                      |
|                                   | \$2,000,000 Products-Completed Operations aggregate                |
|                                   | \$1,000,000 Personal /Advertising Injury Limit                     |
|                                   | \$ 100,000 Damage to Rented Premises                               |
|                                   | \$ 10,000 Medical Expense (any one person)                         |
| Insurance Amount                  |                                                                    |
|                                   | Premises/Operations, Products and Products/Completed Operations    |
| Scope of Coverage                 |                                                                    |
| Form                              | Occurrence (not claims made)                                       |
| Per Project Aggregate             |                                                                    |
| Primary and Non-Contributory      | With The Society of Thoracic Surgeons and Fairmont Chateau Laurier |
| Additional Insured                | The Society of Thoracic Surgeons and the Fairmont Chateau Laurier  |
| Waiver of Subrogation in favor of | The Society of Thoracic Surgeons and the Fairmont Chateau Laurier  |
| Evidence of Insurance             | Certificate of Insurance                                           |
| Insurer's A.M. Best's Rating      | A,X or better                                                      |
| Personal Property, Tools &        |                                                                    |
| Mobile Equipment                  | Limit adequate to cover equipment onsite                           |

| AUTOMOBILE LIABILITY                     |                                                                        |  |
|------------------------------------------|------------------------------------------------------------------------|--|
| Combined Single Limit                    | \$1,000,000                                                            |  |
| Waiver of Subrogation in favor of        | The Society of Thoracic Surgeons and the Fairmont Chateau Laurier      |  |
| Additional Insured                       | The Society of Thoracic Surgeons and the Fairmont Chateau Laurier      |  |
| Evidence of Insurance                    | Certificate of Insurance                                               |  |
| Insurer's A.M. Best's Rating             | A,X or better                                                          |  |
| Primary and Non-Contributory             | With The Society of Thoracic Surgeons and the Fairmont Chateau Laurier |  |
| WORKERS COMPENSATION/EMPLOYERS LIABILITY |                                                                        |  |
| Limits                                   | \$1,000,000/\$1,000,000/\$1,000,000                                    |  |
| Waiver of Subrogation in favor of        | The Society of Thoracic Surgeons and the Fairmont Chateau Laurier      |  |
| Alternate Employers                      |                                                                        |  |
| Endorsement in favor of                  | The Society of Thoracic Surgeons                                       |  |
| Evidence of Insurance                    | Certificate of Insurance                                               |  |
| Insurer's A.M. Best's Rating             | A,X or better                                                          |  |

# EXHIBITOR'S COVID-19 SAFETY ACKNOWLEDGEMENT ASSUMPTION OF THE RISK, LIABILITY WAIVER AND RELEASE OF CLAIMS EXHIBIT B

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend "social distancing" and have, in many locations, prohibited the congregation of groups of people. Governmental restrictions may change at any time without prior notice. As such, the SOCIETY of THORACIC SURGEONS ("ASSOCIATION" or "STS") cannot guarantee eligibility to travel or to participate in the 2022 STS Coronary Conference ("the Event") if restrictions change. You ("Exhibitor") must agree to the terms of this document to register and attend as an exhibitor at the Event.

### **COVID-19 SAFETY INFORMATION:**

STS and the facility at which the Event is taking place, the Fairmont Chateau Laurier, may each implement preventative measures (the "Measures") to reduce the spread of COVID-19 consistent with the guidance and recommendations of public health agencies for slowing the transmission and exposure to COVID-19. The specific Measures required will be established based on conditions present closer to the date of the Event and notice of the Measures will be provided through signage and other communications. The Measures may include, but are not limited to, mandatory wearing of face coverings at all times, health questionnaires including vaccination checks, temperature checks, sanitation procedures, and physical distancing measures. By registering, Exhibitor agrees that it and all its personnel attending the Event will comply with the Measures unconditionally, and that failure to comply may be enforced by barring non-compliant individuals from the Event. While Measures will be put in place in an attempt to reduce the spread of COVID-19 at the Event, STS cannot guarantee that its exhibitors, participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in STS activities at the Event and/or other face to face activities during the Event. By attending the Event, Exhibitor agrees that no Exhibitor personnel will attend the Event who fall into any of the following categories:

- 1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, and shortness of breath;
- 2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
- 3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR:**

Exhibitor agrees to require all its personnel attending the Event to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath, among other things) to notify STS representatives at the Event immediately if they experience symptoms of COVID-19 while attending, and to notify STS Exhibit Manager at <a href="mailto:mreichstein@sts.org">mreichstein@sts.org</a> as soon as possible for contact tracing purposes if they first experience symptoms of COVID-19 within 14 days after attending the Event.

**RELEASE AND WAIVER.** EXHIBITOR AND ITS PERSONNEL ATTENDING THE EVENT WILLINGLY ENGAGE IN THE EVENT. EXHIBITOR, FOR ITSELF AND ALL OF ITS PERSONNEL ATTENDING THE EVENT, HEREBY RELEASES, WAIVES, COVENANTS NOT TO SUE, HOLDS HARMLESS AND FOREVER DISCHARGES THE SOCIETY OF THORACIC SURGEONS AND ITS CONTRACTORS ASSISTING WITH PRESENTATION OF THE EVENT, INCLUDING IN EACH CASE, WITHOUT LIMITATION, ITS

AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS (THE "RELEASED PARTIES"), OF AND FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW WHICH MAY RESULT FROM THE ACTS OR OMISSIONS OF ANY OF THE RELEASED PARTIES IN CONNECTION WITH THE EVENT. THIS RELEASE INCLUDES BUT IS NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES. SUCH DAMAGES OR LOSSES INCLUDE BUT ARE NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS, OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH EXHIBITOR, ITS SUCCESSORS AND PERMITTED ASSIGNS, AND ITS PERSONNEL ATTENDING THE EVENT, THEIR HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON THEIR BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM ATTENDANCE AT THE EVENT.

**ASSUMPTION OF THE RISK**. Exhibitor, on behalf of itself and its personnel attending the Event, acknowledges and understands the following:

- 1. Participation in the Event includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
- 2. Exhibitor and its personnel attending the Event knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, as a result of attendance at the Event, including associated risk of injury, harm and loss, even if arising from the negligence or fault of the Released Parties.

Exhibitor is responsible for instructing its personnel that their attendance at the Event involves the foregoing assumption of risk and will not permit any of its personnel to attend the Event who do not agree to said assumption of risk.

MEDICAL ACKNOWLEDGMENT AND RELEASE. Exhibitor, on behalf of itself and its personnel attending the Event, acknowledges the health risks associated with the Event, including but not limited to exposure to and contraction of COVID-19, and agrees that any of its personnel attending the Event who experience any symptoms associated with COVID-19 during the Event, including but not limited to fever, cough, and shortness of breath, will discontinue participation at the Event immediately and seek appropriate medical attention. EXHIBITOR, ON BEHALF OF ITSELF AND ITS PERSONNEL ATTENDING THE EVENT, HEREBY RELEASES AND FOREVER DISCHARGES THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH PARTICIPATION IN THE EVENT.

**EXHIBITOR ACKNOWLEDGES AND REPRESENTS THAT** it has read the foregoing *COVID-19 Safety Acknowledgement – Assumption of the Risk, Liability Waiver and Release of Claims*, understands it and agrees that it and its personnel attending the Event shall be bound thereby. Exhibitor also acknowledges that Exhibitor's personnel attending the Event may each be required to sign a copy of this document as a condition of their attendance.

### **STS Policy Regarding Industry Symposia**

Held Concurrently with STS Standalone Educational Activities

### Overview

The Society of Thoracic Surgeons (STS) recognizes the importance of working collaboratively with industry to meet the needs of the Society's membership. In an effort to provide more opportunities for STS meeting attendees to benefit from their relationships with industry, the Society has established this STS Policy Regarding Industry Symposia to allow educational and other programs offered by industry—and not developed or sponsored by STS—to be held in conjunction with STS meetings. These programs include educational activities, receptions, meal functions, investigator meetings, and focus groups. This policy document has been developed to facilitate overall meeting planning and for the benefit of STS members. Industry activities that take place concurrently with STS standalone educational programs and within 48 hours before or after it and are targeted at STS meeting attendees may not take place without STS written consent requested through submission of the attached Application, including payment of the applicable fee, and must adhere to this policy document.

### **General Rules**

- 1. Activities designed by or on behalf of industry for attendance by STS standalone educational program attendees are considered industry symposia. There can be no implication in any promotional materials, handouts, or enduring materials that they are planned, sponsored, or endorsed by STS absent special arrangements with, and prior written approval of, STS.
- 2. Industry symposia developed by industry must be offered during times allotted by STS (see Application on pages 13-16). STS has sole discretion to schedule all activities at its meetings.
- 3. Companies applying to offer industry symposia must be Exhibitors or Educational Grant Supporters for the STS standalone educational activity unless an explicit exception is granted in writing by STS. Exhibit space is to be paid in full before any industry symposium will be approved.
- 4. Promotional materials for industry symposia must receive prior approval from STS (see "Promotion" below).
- 5. STS does not provide Continuing Medical Education credit for industry symposia. Any industry symposium that offers CME must comply with ACCME requirements. All industry symposia must be in compliance with the AMA's Ethical Opinion on Gifts to Physicians from Industry.
- 6. Once STS approves the industry symposium, the provider, commercial supporter(s), activity title, content, date, and time as approved by STS for the activity may not change without the Society's written approval.
- 7. Organizers of an industry symposium are solely responsible for making all appropriate financial arrangements for their activity (see "Logistics" below).
- 8. Representatives from STS may attend the industry symposium without cost to audit compliance with this policy.
- 9. STS is not responsible for multiple companies offering programs at the same time and/or addressing the same topic.
- 10. STS encourages organizations hosting industry symposia to evaluate their offered program and requests that the results of such evaluations be shared with the Society.

### Logistics

- 1. Industry symposia will be scheduled by STS.
- 2. Organizations hosting industry symposia may use the full time allotted or a reduced amount of time, **but may not exceed the scheduled time without the Society's written approval.**

- 3. Space for industry symposia will be provided on a first-come, first-served basis and will only be assigned after the proposal is accepted by STS.
- 4. Sessions must be contained within the room assigned.
- 5. Audiovisual requirements are the responsibility of the industry symposium host.
- 6. Food functions must occur within the assigned activity schedule.
- 7. All expenses associated with the activity, including room rental (if applicable), setup, cleanup, food and beverage, A/V, electrical, telephone, shipping, etc., are the sole responsibility of the industry symposium host.

#### **Promotion**

- 1. All promotional materials must be submitted to Samantha McCarthy at <a href="mailto:smccarthy@sts.org">smccarthy@sts.org</a> for STS approval. STS must review and approve all promotional materials produced in conjunction with an industry symposium (e.g., invitations, announcements, signs, flyers, website information) prior to their dissemination. STS has the right to reject such promotional materials at its sole discretion.
- 2. A minimum of <u>5 business days</u> are required for STS review of promotional materials.
- 3. Promotional materials should not be pre-printed prior to approval. It is not the responsibility of STS to cover any costs associated with materials that have been pre-printed and are not approved.
- 4. Exhibit booth representatives may distribute invitations and other promotional material for the activity at their booth.
- 5. The STS name, logo, and other intellectual property may not be used on any industry symposium announcement, including email, sign, publication, or other material, without the prior written approval of STS.
- 6. All invitations, promotional materials, and other materials related to the activity, print or electronic, must include the following statement: "This industry symposium will be held in conjunction with an STS standalone educational activity. It is not part of the official STS scientific program."
- 7. Industry symposia consisting in whole or in part of educational sessions require the following statement to be clearly and prominently displayed on the syllabus and on all promotional and other related materials, print or electronic: "Continuing Medical Education (CME) credit for this activity is not offered by STS."

### **Benefits**

- 1. This industry symposium option offers a limited opportunity to provide a customized activity marketed to surgeons and allied health care professionals who are in attendance at the STS meeting.
- 2. An invitation, created by an approved provider of the industry symposium, will be included in an email sent by STS to standalone activity registrants (subject to "Promotion" above).
- 3. All industry symposium providers may also purchase STS mailing list licenses and email blast communications.
- 4. All industry symposium providers have the opportunity to post a sign advertising the activity in a designated sign area, as well as outside the room in which the activity takes place.
- 5. While STS will undertake reasonable efforts to help avoid scheduling conflicts that might bear on attendance at approved industry symposia, it cannot guarantee nor be responsible for attendance at such activities consistent with the provider's expectations.

### **Cancelation Policy**

- 1. STS must be notified promptly in writing of the cancelation of any scheduled industry symposium.
- 2. If written notification of the cancelation of an industry symposium is received by STS at least 21 days prior to a scheduled industry symposium, a 75% refund will be issued.

3. No refunds will be issued for cancelations made any time thereafter.

### **Violations and Sanctions**

STS, at its sole discretion, reserves the right to revoke privileges for future programs of any sponsoring organization, supporting organization, or activity organizer involved in planning an industry symposium that does not comply with the rules and requirements set forth in this policy document.

### **Application Process**

Please be thorough and detailed when completing the attached Application. Once a completed application is submitted, the proposal will be referred to relevant staff for review. The requesting organization will be contacted in writing regarding the outcome of the application.

Information on approved industry symposia will be forwarded to the hotel. The hotel staff will confirm meeting space assignments with the primary contact noted on the application and will convey this information to STS. After notification of meeting room assignment, the sponsor of the industry symposium will work directly with the hotel to manage all meeting needs.

In the event that final approval is not granted, STS will not be responsible for canceling any arrangements that may have been made by the applicant in connection with the proposed activity. In addition, STS will not be responsible for any costs incurred for the proposed activity.

# Industry Symposium Held Concurrently with STS Standalone Educational Activities Application

### 2022 STS Coronary Conference • June 4-5, 2022 Fairmont Chateau Laurier • Ottawa, ON, Canada

Submission Deadline – May 3, 2022

| Exhibiting Company:                                                                                                                                                                                            | Marketing or Medical Education Communication Co. Name:               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Primary Contact:                                                                                                                                                                                               |                                                                      |
| Mailing Address:                                                                                                                                                                                               | Primary Contact:                                                     |
|                                                                                                                                                                                                                | Mailing Address:                                                     |
| City: State: ZIP: _                                                                                                                                                                                            |                                                                      |
| Phone:                                                                                                                                                                                                         | City: State: ZIP:                                                    |
| Email:                                                                                                                                                                                                         | Phone:                                                               |
|                                                                                                                                                                                                                | Email:                                                               |
| REQUESTED DATE AND TIME: Please check one:           Friday, June 3         5:00 p.m. – 6:00 p.r           Saturday, June 4         1:10 p.m. – 1:40 p.r           Sunday, June 5         1:20 p.m. – 1:50 p.r | m. Fee - \$5,000<br>m. Fee - \$10,000 (plated lunch provided by STS) |
| *STS reserves the right to modify times available                                                                                                                                                              | for industry symposia and will notify exhibitors if this occurs.     |
| PAYMENT INFORMATION:                                                                                                                                                                                           |                                                                      |
| Check (made payable to The Society of The                                                                                                                                                                      | oracic Surgeons) in the amount of \$ Tax ID 36 302 2713              |
| Credit card charge in the amount of \$                                                                                                                                                                         | : MasterCard American Express VISA                                   |
| Name on Credit Card:                                                                                                                                                                                           |                                                                      |
| Credit Card Number:                                                                                                                                                                                            | Exp. Date:                                                           |
| Credit Card Billing Address:                                                                                                                                                                                   |                                                                      |
| City:                                                                                                                                                                                                          |                                                                      |

I authorize STS to charge the total fee indicated on this form to the above-referenced credit card.

| Signature:                                                                                                                                                                                                                                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Print Name:                                                                                                                                                                                                                                                   |                        |
| The fee must be submitted along with the completed Application. This fee will not be deposited until aft is approved. After that time, the relevant Cancelation Policy applies. STS is not responsible for any costs in any aspect of the industry symposium. |                        |
| Promotional listing in meeting materials  For approved Applications received on or before May 1, 2022, STS will include a promotional listing in its S  Activities meeting materials if requested below:                                                      | Standalone Educational |
| Yes, list approved activity.                                                                                                                                                                                                                                  |                        |
| No, do not list approved activity.                                                                                                                                                                                                                            |                        |
| Industry Symposium Information                                                                                                                                                                                                                                |                        |
| Application will not be processed if the below requested information is not                                                                                                                                                                                   | t complete.            |
| 1. Title of the activity:                                                                                                                                                                                                                                     |                        |
| 2. Rationale for holding the industry symposium: (30 words or more required)                                                                                                                                                                                  |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
| 3. Brief narrative description of the proposed industry symposium: (35 words or more required)                                                                                                                                                                |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
| 4. Program agenda: (Outline with times required)                                                                                                                                                                                                              |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
| 5. Names of confirmed speakers (if any):                                                                                                                                                                                                                      |                        |
|                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                               |                        |
| 6. Contact name(s) of all commercial supporters of the industry symposium:                                                                                                                                                                                    |                        |
| Contact name:                                                                                                                                                                                                                                                 |                        |
| Company name:                                                                                                                                                                                                                                                 | ·                      |

| Mailing address:                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                  | -                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                               |
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|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                               |
| Contact name:                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                               |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  | -                                             |
| Mailing address:                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                  | -                                             |
| Phone:                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                  |                                               |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  | •                                             |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                               |
| 7. Submit copies of contracts/letters of agreem industry symposium organizers. THIS INFORM                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  |                                               |
| meeting planning organization (if applicable) spe<br>provided on this Application is complete and acc<br>"Policy Regarding Industry Symposia Held Concu<br>Application is approved by STS, the industry sym | rant that I am authorized to act on behalf of the funding ecified below with respect to this Application; that all in curate to the best of my knowledge; that I have read the urrently with STS Standalone Educational Activities;" and nposium described herein will be conducted in accordar ow will comply with all associated requirements. | formation<br>e accompanying<br>d that if this |
| FUNDING ORGANIZATION                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                               |
| NAME                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                                               |
| DULY AUTHORIZED REPRESENTATIVE NAME                                                                                                                                                                         | _                                                                                                                                                                                                                                                                                                                                                |                                               |
| DULY AUTHORIZED REPRESENTATIVE SIGNATURE                                                                                                                                                                    | _                                                                                                                                                                                                                                                                                                                                                |                                               |
| DATE                                                                                                                                                                                                        | _                                                                                                                                                                                                                                                                                                                                                |                                               |

**SYMPOSIUM PLANNING ORGANIZATION** (IF APPLICABLE)

### Applications should be returned to:

Samantha McCarthy, Industry Relations Manager
The Society of Thoracic Surgeons
633 N Saint Clair St, Suite 2100
Chicago, IL 60611
312-202-5869
312-268-6583 (fax)
smccarthy@sts.org

### **Other Opportunities**

### **Email Blast Communication**

STS Membership \$5,000/Workshop Registrants \$2,500

Share news about your company's products, services, or other information directly with STS members and/or Conference registrants by email. For a royalty, STS will distribute a pre-approved message on behalf of your company. STS will send only one industry promotional email blast per day.



### **STS.org Advertisements**

\$3,000 top banner/\$2,500 lower right box

Secure an ad on the STS website home page to promote your products/services, booth, or symposia at the Conference. Two advertising positions are available in prominent locations. This page receives approximately 272,000 impressions annually.



### **Mailing List License**

Membership \$2,000/Registrants \$1,000

Purchase an STS membership or Conference registrant list license to send preapproved mailings such as a postcard or brochure. STS does not license, sell, or distribute attendees' phone/fax numbers or email addresses under any circumstance.



### **Social Media Post**

\$2,000

Promote your content to over 46,000 followers through one or more STS social media channels including Facebook, Instagram, LinkedIn, and Twitter. The STS website homepage features the Twitter Feed, offering more promotion of your post.



### **Educational Grants**

Become a supporter of the Conference by providing an educational grant. Your company will receive recognition on the STS website, social media, walk-in slides, and in a "Know Before You Go" email sent to all registrants.

For more information on any of these opportunities, contact Samantha McCarthy, Industry Relations Manager, at <a href="mailto:smccarthy@sts.org">smccarthy@sts.org</a> or 312-202-5869.