



Application for Multipurpose Suite Space

Deadline: January 4, 2019

This application to reserve a Multipurpose Suite is dated _____ 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 STS 55th Annual Meeting & Exhibition at the San Diego Convention Center, January 27-29, 2019, the undersigned hereby submits this Application for Multipurpose Suite Space, which, when accepted by the Society, becomes a contract.

Introduction

- Available to exhibitors with confirmed booth space.
- Includes 8' hardwall around booth perimeter.
- If exhibit booth space is canceled, the Multipurpose Suite automatically will be canceled.

1. Multipurpose Suite Size

Please indicate how many of each size suites you are requesting.

Multipurpose Suite Size	Price
10' x 10' _____	\$3,250
10' x 20' _____	\$6,500
10' x 30' _____	\$9,750
10' x 40' _____	\$13,000
10' x 50' _____	\$16,250
Other _____	\$3,250 per 100 sq. ft.

Total: \$ _____

2. Contact Information

The below-named person will receive future Multipurpose Suite mailings and will be responsible for all Multipurpose Suite logistics.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____

Country: _____ ZIP/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

3. Payment Information

STS must receive full payment for the requested Multipurpose Suite before this Application will be considered. Payment will be refunded or returned if the Application is rejected.

Check payable to:

The Society of Thoracic Surgeons – Exhibit Rental

☐ Check enclosed for \$ _____

Mail your check with a printed copy of this form to **The Society of Thoracic Surgeons, Exhibit Rental, P.O. Box 809272, Chicago, IL 60680-9272**

Credit Card:

☐ American Express ☐ MasterCard ☐ VISA

For credit card payments, fax a printed form to: **312-268-7469** or email a PDF of the form to: **cdonohoe@sts.org**.

Credit card number: _____

Amount to be charged: _____ Expiration date: _____

Billing address: _____

City, State, ZIP: _____

Name on card: _____

Signature: _____

4. Agreement

We agree to abide by the [STS Exhibit Rules & Regulations](#) and by conditions under which exhibit space at the San Diego Convention Center is leased to The Society of Thoracic Surgeons. Submission of this Application and its written acceptance constitutes a binding contract between the above-named Exhibitor and the Society.

Signature: _____

Print name: _____

Title: _____

For STS Use Only

Assigned Multipurpose Suite No(s): _____ Cost of Multipurpose Suite(s): \$ _____ Amount Received: \$ _____

Accepted by The Society of Thoracic Surgeons

Colleen Donohoe, Director of Meetings and Conventions

Date