



**The Society  
of Thoracic  
Surgeons**

55th Annual Meeting & Exhibition  
January 27-29, 2019  
San Diego, California  
[www.sts.org/annualmeeting](http://www.sts.org/annualmeeting)

## Exhibitor Staff Meeting Space Request Form

**Deadline: January 4, 2019**

Please complete **one application for each planned EXHIBITOR STAFF FUNCTION**. Send completed form(s) to Sarah O'Brien, Senior Manager, Meetings and Conventions, by fax at 312-202-5803 or by email at [sobrien@sts.org](mailto:sobrien@sts.org). Applications must be received no later than Friday, January 4, 2019.

All exhibitor staff meeting space will be assigned by STS at the Marriott Marquis San Diego Marina. The group named below will be responsible for all charges.

STS will communicate directly with the hotel to confirm the meeting space on your behalf. 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: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_ Hollow Square \_\_\_\_\_ School Room \_\_\_\_\_

Theater \_\_\_\_\_ Rounds \_\_\_\_\_ Cocktail Rounds \_\_\_\_\_ Elevated Stage \_\_\_\_\_

Standing Lectern \_\_\_\_\_ Head Table # people \_\_\_\_\_ A/V required \_\_\_\_\_ Attached Diagram \_\_\_\_\_

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 4, 2019**

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**FOR STS HEADQUARTERS USE ONLY:** Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Hotel Assigned: \_\_\_\_\_ Hotel Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Room Assignment: \_\_\_\_\_