



Application for Multipurpose Suite Space

Deadline: January 3, 2018

This application to reserve a Multipurpose Suite is 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 STS 54th Annual Meeting & Exhibition at the Greater Fort Lauderdale/Broward County Convention Center, January 27-31, 2018, the undersigned hereby submits this Application for Multipurpose Suite Space, which, when accepted by the Society, becomes a contract.

<p>Introduction</p> <ul style="list-style-type: none"> 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. <p>1. Multipurpose Suite Size Please indicate how many of each size suites you are requesting.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Multipurpose Suite Size</th> <th style="text-align: left;">Price</th> </tr> </thead> <tbody> <tr> <td>10' x 10' _____</td> <td>\$3,150</td> </tr> <tr> <td>10' x 20' _____</td> <td>\$6,300</td> </tr> <tr> <td>10' x 30' _____</td> <td>\$9,450</td> </tr> <tr> <td>10' x 40' _____</td> <td>\$12,600</td> </tr> <tr> <td>10' x 50' _____</td> <td>\$15,750</td> </tr> <tr> <td>Other _____</td> <td>\$3,150 per 100 sq. ft.</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: \$ _____</td> </tr> </tbody> </table> <p>2. Contact Information The below-named person will receive future Multipurpose Suite mailings and will be responsible for all Multipurpose Suite logistics.</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Zip/Postal Code: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	Multipurpose Suite Size	Price	10' x 10' _____	\$3,150	10' x 20' _____	\$6,300	10' x 30' _____	\$9,450	10' x 40' _____	\$12,600	10' x 50' _____	\$15,750	Other _____	\$3,150 per 100 sq. ft.	Total: \$ _____		<p>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.</p> <p>Check payable to: The Society of Thoracic Surgeons – Exhibit Rental <input type="checkbox"/> Check enclosed for \$ _____</p> <p>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</p> <p>Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>For credit card payments, fax a printed form to: 312-268-7469 or e-mail a PDF of the form to: alaw@sts.org.</p> <p>Credit card number: _____</p> <p>Amount to be charged: _____ Expiration date: _____</p> <p>Billing address: _____</p> <p>City, State, Zip: _____</p> <p>Name on card: _____</p> <p>Signature: _____</p> <p>4. Agreement We agree to abide by the STS Exhibit Rules & Regulations and by conditions under which exhibit space at the Greater Fort Lauderdale/Broward County 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.</p> <p>Signature: _____</p> <p>Print name: _____</p> <p>Title: _____</p>
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For STS Use Only

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

Accepted by The Society of Thoracic Surgeons

Angel Law, Exhibit Manager /
Colleen Donohoe, Director of Meetings and Conventions

Date