

**Application for Exhibit Space**  
**Southern Thoracic Surgical Association**  
**Marriott Starr Pass Resort & Spa – Tucson, Arizona – November 8 – 11, 2006**

Please fill out the application. **Mail to:** STSA, 633 North Saint Clair Street, Suite 2320 Chicago, IL 60611.  
Phone: (312) 202-5838; Fax: (312) 202-5829. One copy will be returned for your files.

Application to exhibit this \_\_\_\_\_ day of \_\_\_\_\_, 2006 by and between \_\_\_\_\_ hereinafter called "Exhibitor", and the Southern Thoracic Surgical Association, hereinafter called "STSA."

I. In accordance with the following terms, conditions and regulations, governing exhibits of STSA at the Marriott Starr Pass Resort & Spa, Tucson, Arizona, November 8 – 11, 2006, the undersigned hereby makes application for exhibit space(s), which application, when accepted by STSA, becomes a contract. Terms and conditions listed under STSA EXHIBIT RULES & REGULATIONS, as well as those conditions under which exhibit space at the Marriott Starr Pass Resort & Spa Hotel is leased to STSA, are part of this contract.

II. For information and floor plan exhibits, see accompanying brochure. Booth rentals are as indicated on the official floor plan.

III. The following are preferred booths as numbered on accompanying floor plan in order of preference:  
Booth number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

IV. List any exhibits and /or products you **do not** wish to be in close proximity to your display:

\_\_\_\_\_

List any exhibits and /or products you desire to be in close proximity to your display:

\_\_\_\_\_

Exhibit to be listed in program as follows (**please print clearly**):

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

A brief description of your product or service for inclusion in printed program is **limited to 30 words**.  
Descriptions may be e-mailed to Donna Bennewitz at [dbennewitz@sts.org](mailto:dbennewitz@sts.org) and must be received by August 17, 2006.

V. Please indicate the name of the person authorized to sign this contract; this person will receive future exhibitor mailings:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

VI. **Enclosed is our check\* for \$ \_\_\_\_\_, full payment of the exhibit space rental.**


Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Tel:(\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

VII.   It is important to us that you enjoy this conference. If, due to a disability, you have any special needs or requirements, please let us know by checking this box and we will do our best to accommodate you.

**Accepted by Southern Thoracic Surgical Association**

\_\_\_\_\_  
Exhibit Coordinator Signature

\_\_\_\_\_  
Date

Assigned Booth No.(s): _____
Cost of Booth(s): _____
Amount Received: _____
Amount Due: _____

**\*Checks (\$5,000 per booth) to be made payable to: SOUTHERN THORACIC SURGICAL ASSOCIATION (STSA)**