

DEADLINE: Feb. 8, 2008



GRAHAM FOUNDATION INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION



AATS 88TH Annual Meeting

May 10 -14, 2008 – San Diego Convention Center – San Diego, CA

Exact Title of Symposium			Name of Accrediting Organization		
Sponsoring Company Name			Contact Name		
Address	City	State	Zip	Country	
Phone	Fax	Email			

Brief Description of Meeting:

Target Audience: _____

Expected Attendance: _____

DAY/DATE/TIME OF MEETING

- | | | | |
|--------------------------|-------------------|-------------------|----------|
| <input type="checkbox"/> | Friday, May 9 | 8:00 am – 5:00 pm | \$30,000 |
| <input type="checkbox"/> | Friday, May 9 | 8:00 am – 12 Noon | \$20,000 |
| <input type="checkbox"/> | Friday, May 9 | 12 Noon – 5:00 pm | \$20,000 |
| <input type="checkbox"/> | Saturday, May 10 | 8:00 am – 12 Noon | \$20,000 |
| <input type="checkbox"/> | Saturday, May 10 | 6:00 pm – 8:00 pm | \$15,000 |
| <input type="checkbox"/> | Sunday, May 11 | 6:00 am – 8:00 am | \$15,000 |
| <input type="checkbox"/> | Sunday, May 11 | 7:00 pm – 9:00 pm | \$15,000 |
| <input type="checkbox"/> | Monday, May 12 | 6:00 am – 8:00 am | \$15,000 |
| <input type="checkbox"/> | Monday, May 12 | 6:00 pm – 8:00 pm | \$15,000 |
| <input type="checkbox"/> | Tuesday, May 13 | 6:00 am – 8:00 am | \$15,000 |
| <input type="checkbox"/> | Wednesday, May 14 | 6:00 am – 8:00 am | \$15,000 |
| <input type="checkbox"/> | Wednesday, May 14 | 12 Noon – 5:00 pm | \$20,000 |

LOCATION REQUEST

Please note that although every effort will be made to honor your location request, AATS cannot guarantee your preference.

- Convention Center Hotel

ROOM SET

- Classroom Podium
 Theater Head table # ppl _____
 Conference
 Hollow Square
 U-shape
 Reception
 Banquet (rounds)

FUNCTION TYPE (check only one)



- Breakfast Lunch Dinner
 Reception (Friday or Wednesday only)

Once space has been assigned and confirmed by AATS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications, and labor are not included in the fee. Each sponsor is responsible for all charges to the facility.

PAYMENT INFORMATION: All checks must be payable to the Graham Foundation

FEE DUE: \$ _____

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number Expiration Date Security Code (3-4 numbers on front or back of card)

Name as it appears on credit card Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
 If billing address is different please enter below.

Company Name
Street Address
City/State/Postal Code /Country

Complete and return to: The Graham Foundation c/o American Association for Thoracic Surgery 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA 978-927-8330 Fax: 978-524-0498
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