



SUPPORT AGREEMENT FORM



AATS 90TH Annual Meeting / May 1-5, 2010 – Metro Toronto Convention Centre

Exhibitor: _____

Contact: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip/ Postal Code:** _____

Telephone: _____ **Fax:** _____

Email: _____

Authorized Signature: _____

By signing this document, exhibitor agrees that this is a legally binding contract and a 50% advanced payment is due with this agreement and the balance is due by January 15, 2010. In the event of cancellation, a refund will not be issued unless the support is resold at the full amount. At that time a full refund less 25% administrative fee will be issued. All artwork must be submitted to the AATS for approval prior to use. This includes banners, videos, screensavers, and ads. Support opportunities will be assigned by first right of refusal and then by priority point standing until December 11, 2009. After December 11th, support agreements will be accepted upon date of receipt.


Please check the appropriate support opportunity:

- | | |
|---|---|
| <input type="checkbox"/> AUTOMATED CHARGING MACHINE
\$10,000 per unit
<input type="checkbox"/> LUNCH COUPONS
___ \$30,000 ___ \$60,000
<input type="checkbox"/> GRAPHIC BOARD # _____ sides
Location _____ \$2,500 per side
<input type="checkbox"/> HOTEL KEYCARDS
\$15,000
<input type="checkbox"/> HOTEL VIDEO
\$12,000
<input type="checkbox"/> NEW PRODUCT SHOWCASE
\$3,000
<input type="checkbox"/> OR OF THE FUTURE
\$5,000 | <input type="checkbox"/> INDUSTRY CLINICAL UPDATES
\$15,000
<input type="checkbox"/> CYBER CAFE
\$20,000
<input type="checkbox"/> LANYARDS
\$15,000
<input type="checkbox"/> MEETING BAGS
\$45,000
<input type="checkbox"/> POST GRADUATE COURSE PRESENTATION
\$12,000
<input type="checkbox"/> PROGRAM – AT A GLANCE
\$12,000
<input type="checkbox"/> PROGRAM BOOK BOOKMARK
\$15,000
<input type="checkbox"/> SURVEY KIOSKS
\$20,000 |
|---|---|

PAYMENT INFORMATION

FEE DUE: \$ _____

Check amount enclosed: \$ _____

CREDIT CARD   

Amount to be charged: \$ _____

Credit Card Number

Expiration Date

Security Code

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.

Complete and return to:

Yvonne Grunebaum
Director of Industry Relations
American Association for Thoracic Surgery
900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA
ygrunebaum@prri.com 978-927-8330 Fax: 978-524-0498