



## PRODUCT DESCRIPTION and PRODUCT CATEGORY FORM

*Failure to complete this form will result in the omission of your company's product category listing and product description in the AATS final program, preview and daily publications.*

**Please complete and return by  
February 28, 2011**

### PRODUCT DESCRIPTION

AATS  
900 Cummings Center, Suite 221-U  
Beverly, MA 01915 USA  
978-524-0498 Fax  
[jgecawicz@prri.com](mailto:jgecawicz@prri.com)

Your company name and address as you wish them to appear:

COMPANY NAME: \_\_\_\_\_ BOOTH#: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 WEBSITE ADDRESS: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_

Please provide a 50-WORD description of your company and its products and **email** to [jgecawicz@prri.com](mailto:jgecawicz@prri.com). Please include the words "AATS 2011 Annual Meeting" in the subject line of the email. Product descriptions over 50 words will be edited by AATS.

### PRODUCT /SERVICE LISTING

Please check up to 10 CATEGORIES which describe the products and/or services you will be exhibiting.

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> Annuloplasty Devices                 | 18. <input type="checkbox"/> Cryo-preserved Tissue              | 37. <input type="checkbox"/> Pharmaceuticals             |
| 2. <input type="checkbox"/> Aortic Punctures                     | 19. <input type="checkbox"/> Education Programs                 | 38. <input type="checkbox"/> Plasma Products             |
| 3. <input type="checkbox"/> Airway Management products           | 20. <input type="checkbox"/> Electrosurgical Devices            | 39. <input type="checkbox"/> Publishers                  |
| 4. <input type="checkbox"/> Associations, Foundations, Societies | 21. <input type="checkbox"/> Endoscopic Systems/Products        | 40. <input type="checkbox"/> Recruitment                 |
| 5. <input type="checkbox"/> Balloon Pumping                      | 22. <input type="checkbox"/> Headlights and Accessories         | 41. <input type="checkbox"/> Stents                      |
| 6. <input type="checkbox"/> Blood Monitoring Systems             | 23. <input type="checkbox"/> Imaging Systems/Equipment          | 42. <input type="checkbox"/> Sternal Closure Systems     |
| 7. <input type="checkbox"/> Blood Recovery Systems               | 24. <input type="checkbox"/> Implantable Devices                | 43. <input type="checkbox"/> Sternal Support Systems     |
| 8. <input type="checkbox"/> Cannulae                             | 25. <input type="checkbox"/> Infection Control Products         | 44. <input type="checkbox"/> Surgical Instruments        |
| 9. <input type="checkbox"/> Cardiac (Adult) Surgery              | 26. <input type="checkbox"/> Internet Based                     | 45. <input type="checkbox"/> Sutures and Needles         |
| 10. <input type="checkbox"/> Congenital Surgery                  | 27. <input type="checkbox"/> Market Research                    | 46. <input type="checkbox"/> Thoracic (General) Surgery  |
| 11. <input type="checkbox"/> Cardioplegia Delivery Systems       | 28. <input type="checkbox"/> Mechanical Circulatory Assistance  | 47. <input type="checkbox"/> Transmyocardial             |
| 12. <input type="checkbox"/> Cardiopulmonary Bypass Products     | 29. <input type="checkbox"/> Minimally Invasive Cardiac Surgery | Revascularization Products                               |
| 13. <input type="checkbox"/> Cardiovascular Products             | 30. <input type="checkbox"/> Myocardial Protection              | 48. <input type="checkbox"/> Valves                      |
| 14. <input type="checkbox"/> Catheters                           | 31. <input type="checkbox"/> Non-Invasive Surgical Products     | 49. <input type="checkbox"/> Vascular Grafts             |
| 15. <input type="checkbox"/> Chest Drainage Products             | 32. <input type="checkbox"/> Occlusion Devices                  | 50. <input type="checkbox"/> Video Equipment,            |
| 16. <input type="checkbox"/> Computer Software                   | 33. <input type="checkbox"/> Operating Room Equipment           | Angioscopes, Telescopes                                  |
| 17. <input type="checkbox"/> Coronary Angioplasty                | 34. <input type="checkbox"/> Pain Management                    | 51. <input type="checkbox"/> Wound Support               |
|  | 35. <input type="checkbox"/> Patient Self-Testing               | 52. <input type="checkbox"/> Other: (Please write below) |
|  | 36. <input type="checkbox"/> Perfusion                          | _____  |