



SUPPORT AGREEMENT FORM



AATS 91st Annual Meeting / May 7-11, 2011 – Pennsylvania Convention Center

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 14, 2011. 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 10, 2010. After December 10th, 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"/> BANNER
\$35 per foot banner # _____ | <input type="checkbox"/> MEETING BAGS \$35,000 |
| <input type="checkbox"/> COLUMN WRAPS
\$7500 each | <input type="checkbox"/> NEW PRODUCT SHOWCASE \$3,000 |
| <input type="checkbox"/> CONSULTATIVE SUITE
\$10,000 per 20x20 Suite | <input type="checkbox"/> OR OF THE FUTURE \$5,000 - \$10,000 |
| <input type="checkbox"/> CYBER CAFÉ \$25,000 | <input type="checkbox"/> PROGRAM – AT A GLANCE/EXHIBIT GUIDE
<input type="checkbox"/> \$10,000 Program-at-a-Glance Ad
<input type="checkbox"/> \$10,000 Floor plan Ad
<input type="checkbox"/> \$15,000 Back Cover |
| <input type="checkbox"/> DIGITAL SIGNAGE \$5000 | <input type="checkbox"/> PROGRAM BOOK BOOKMARK \$15,000 |
| <input type="checkbox"/> FLOOR STICKERS
\$1,500 | <input type="checkbox"/> RAILING BANNER \$7500 each |
| <input type="checkbox"/> GRAPHIC BOARD # _____ sides
Location _____ \$2,700 per side | <input type="checkbox"/> SHUTTLE BUSES \$30,000 |
| <input type="checkbox"/> HOTEL KEYCARDS
\$15,000 | <input type="checkbox"/> SURVEY KIOSKS \$20,000 |
| <input type="checkbox"/> HOTEL TV CHANNEL
\$12,000 | <input type="checkbox"/> WI FI \$ 15,000 |
| <input type="checkbox"/> INDUSTRY CLINICAL UPDATES
\$15,000 | |
| <input type="checkbox"/> LANYARDS \$15,000 | |

PAYMENT INFORMATION

FEE DUE: \$ _____ Check amount enclosed: \$ _____

Checks should be payable to AATS

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

Support Agreement Form