



AATS POSTGRADUATE COURSE  
American Association for Thoracic Surgery



September 7-9, 2007

Sheraton Chicago Hotel & Towers, Chicago, IL

www.aats.org

## EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN August 10, 2007**. Any and all changes made after August 10<sup>th</sup> must be made on-site in Chicago and will be assessed a \$50 per badge charge, payable at the time of registration. Additional badges will be charged \$675 per badge. Refunds will not be issued for unclaimed badges.

**Name of Exhibiting Company:** \_\_\_\_\_

The official in charge of the booth(s) on-site will be:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Two complimentary registrations are included in your exhibit package. Please list the remaining registrant other than the on-site official contact listed above.

\_\_\_\_\_

Additional exhibit representatives at \$675 per representative:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please charge my:      

**Card #:** \_\_\_\_\_ **Exp** \_\_\_\_\_

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

I certify that the above named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return by August 10 to:**  
**AATS Valvular Heart Disease**  
**Attn: Kellie Muniz**  
**900 Cummings Center, Suite 221-U**  
**Beverly, MA 01915**  
**Fax: 978-524-0498**