## May 6-9, 2023 Los Angeles Convention Center Los Angeles, CA, USA

## Marketing Support Agreement

Company / Exhibitor					
Contact		Title			
Address					
Add 633					
City		State	Zip	Country	
Telephone	Fax		Email for Contact		
Authorized Signature					
By signing this document, exhibitor agre 10, 2023. In the event of cancellation prosumed to the AATS for approval prices.	ior to <b>January 10, 2023</b> , a	ding contract and 50% refund less 25% fee wi	advanced payment is due with t ill not be issued unless the suppo	his agreement and the balance is due b ort is resold at the full amount. All artwo	y <b>January</b> ork must b
Convention Center Promotion	1		Educational / To	raining Presentations	
☐ Banner / Graphic See Envision for pa			☐ AATS Member fo		\$25,000
. ,	\$ Banner loca	ation		y Theaters (30 min)	\$20,000
	\$ Graphic loc	ation	Preferred date/tir	ne:	
□ WIFI	\$65,000		Perioperative/Te	eam-Based Care Poster Competition	\$25,000
Charging Lounges	\$20,000		☐ Cardiothoracic S	Surgery Resident Poster Competition	\$25,000
Hotel Promotion			Innovation Showca		
☐ Hotel Keycards	\$50,000		☐ Cardiac \$12,00	oo 🗖 Thoracic \$10,000 🗖 Sub-Spec	ialty \$8,00
☐ Hotel Room Drops	\$30,000 Preferred dat	e	Other Advertis	ing	
Exhibit Hall			Housing and Reg	gistration Confirmation Email	\$25,000
Direct Access Handout	\$10,000 Preferred date	e/time	Know Before Yo	u Go Email	\$25,000
Consult Suites (100 square feet)	\$8,000	<i></i>	☐ KOL Meeting		\$25,000
☐ Exhibit Hall Welcome Reception	\$50,000		Meeting Bag Insert	ert	\$7,500
☐ Food Truck Sponsorship		Sunday 🗖 Monday	Mobile App		\$65,000
Surgical Suites (4) available	□ \$55,000 (40' x 40')	□ \$60,000 (40° x 50°	o') President's Recept		
☐ Exhibit Hall Aisle Signs	\$25,000		_ <b>☐ Premier</b> \$100,	,000 <b>U Platinum</b> \$75,000 <b>U G</b> 0	old \$50,000
Exhibit Hall Entrance Carpet	\$15,000		☐ Water Bottles		\$50,000
				Total Support Fee Due \$	
PAYMENT INFORMATION Fees are payable via credit card or ch increase data security for cardholders ar				card numbers via e-mail. This policy is de	esigned to
DO NOT EMAIL. This form must be faxe Checks must be drawn on a U.S. bank ar	ed if credit card number is	showing. Secure Fax:	978-522-8469		
Total Fee Due \$	☐ Check #		MasterCard VISA 🗆 \	/isa	
Credit Card #			Expiration Date Security Cod	de	
Name as it appears on the card					
Billing Contact Name	Billing Contact Phone N	Jumher			
Dining Contact Name	billing Contact Phone N	Idilibel			
Address			Billing Address 🗖 Same as Abov	e 🔲 Different Address Provided Here	
City	State Zip Country Signature (I authorize AATS to charge my credit card the above			harge my credit card the above fees)	
☐ Wire Transfer: Please call our offices	s at 978-252-2200 for wirin	g information. Wire fe	es will be added to invoice.		
COMPLETE AND RETURN	TO			STAFF US	E ONLY