



## Marketing Support Form

Company / Exhibitor			
Contact	Title		
Address			
City	State	Zip	Country
Telephone	Fax	Email for Contact	
Authorized Signature			

By signing this document, exhibitor agrees that this is a legally binding contract and 50% advanced payment is due with this agreement and the balance is due by **January 10, 2023**. In the event of cancellation prior to **January 10, 2023**, a refund less 25% fee will not be issued unless the support is resold at the full amount. All artwork must be submitted to the AATS for approval prior to use.

Please check the appropriate support opportunity:

- |   |          |   |   |
|---|----------|---|---|
| <input type="checkbox"/> <b>Welcome Reception Sponsorship</b>   | \$30,000 | <b>Breakfast Symposium</b>                                  | \$25,000                                      |
| <input type="checkbox"/> <b>Function Room</b>   | \$3,000  | <input type="checkbox"/> <b>Thursday, May 4</b>             | <input type="checkbox"/> <b>Friday, May 5</b> |
| <input type="checkbox"/> <b>WIFI</b>  | \$40,000 | <b>Lunch Symposium</b>                                      | \$30,000                                      |
| <input type="checkbox"/> <b>Registration and Housing Email Banner Ad</b>                                | \$25,000 | <input type="checkbox"/> <b>Thursday, May 4</b>             | <input type="checkbox"/> <b>Friday, May 5</b> |
| <input type="checkbox"/> <b>Room Drops</b>  | \$5,000  | <b>2nd Symposium</b>  |   |
| <input type="checkbox"/> <b>Charging Station</b>  | \$15,000 | <input type="checkbox"/> <b>Thursday, May 4 - Breakfast</b> | \$25,000                                      |
| <input type="checkbox"/> <b>Hotel Key Cards</b>   | \$30,000 | <input type="checkbox"/> <b>Thursday, May 4 - Lunch</b>     | \$30,000                                      |
| <input type="checkbox"/> <b>We are pleased to donate an educational grant in the amount of \$ _____</b> |          | <input type="checkbox"/> <b>Friday, May 5 - Breakfast</b>   | \$25,000                                      |
|   |          | <input type="checkbox"/> <b>Friday, May 5 - Lunch</b>       | \$30,000                                      |

**Total Support Fee Due \$ \_\_\_\_\_**

### PAYMENT INFORMATION

**Fees are payable via credit card or check.** Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked.

DO NOT EMAIL. This form must be faxed if credit card number is showing. **Secure Fax: 978-522-8469**

Checks must be drawn on a U.S. bank and are payable to: American Association for Thoracic Surgery

**Total Fee Due \$ \_\_\_\_\_**     Check # \_\_\_\_\_     MasterCard     Visa     American Express

Credit Card #	Expiration Date	Security Code		
Name as it appears on the card				
Billing Contact Name	Billing Contact Phone Number			
Address	Billing Address <input type="checkbox"/> Same as Above <input type="checkbox"/> Different Address Provided Here			
City	State	Zip	Country	Signature <i>(I authorize AATS to charge my credit card the above fees)</i>

**Wire Transfer:** Please call our offices at 978-252-2200 for wiring information. Wire fees will be added to invoice.

### COMPLETE AND RETURN TO:

Caroline Arrington, Industry Relations Manager, industry@aatS.org  
American Association for Thoracic Surgery, 800 Cummings Center, Suite 350-V, Beverly, MA 01915 USA  
Phone: 978-252-2200 Fax: 978-522-8469 **We do not accept credit card payments via email.**

**STAFF USE ONLY**

Authorized Approval