

ATS 2017

Convention Center Meeting Space Application

Please complete all of the below information to request a Meeting Suite, Expo Suite, or Meet Up Room conveniently located at the Walter E. Washington Convention Center. If you have multiple requests, please complete a separate form for each request. Additional information can be found on the Meeting Suite FAQ.

EXPO SUITE REQUEST

RATES	10' x 10' Expo Suite	10' x 20' Expo Suite	20' x 20' Expo Suite	20' x 30' Expo Suite
	Available to Exhibitors Only			
Full Conference Only 18"x18" company logo Standard carpeting Wastebasket Electrical (2,000 watts)	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000

MEETING SUITE REQUEST

RATES	10' x 20' Suite		20' x 20' Suite	
	Exhibitors	Non-Exhibitors	Exhibitors	Non-Exhibitors
2-Hour <input type="checkbox"/> 8am-10am <input type="checkbox"/> 10:30am-12:30pm <input type="checkbox"/> 1:00pm-3:00pm <input type="checkbox"/> 3:30pm-5:30pm	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,700
Half Day <input type="checkbox"/> 7am-1:00pm <input type="checkbox"/> 1:30pm-7:30pm	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$2,900
Full Day Reservation	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$4,100	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$5,300
Full Conference Room Set: <input type="checkbox"/> Conference <input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Rounds	<input type="checkbox"/> \$14,000	<input type="checkbox"/> \$14,500	<input type="checkbox"/> \$18,500	<input type="checkbox"/> \$19,000
Requested Day:	<input type="checkbox"/> SAT 05/20 <input type="checkbox"/> SUN 05/21 <input type="checkbox"/> MON 05/22 <input type="checkbox"/> TUES 05/23			

MEET UP ROOM REQUEST

RATES	10' x 20' Room		20' x 20' Room	
	Exhibitor	Non-Exhibitor	Exhibitor	Non-Exhibitor
2-Hour Reservation <input type="checkbox"/> 8am-10am <input type="checkbox"/> 10:30am-12:30pm <input type="checkbox"/> 1:00pm-3:00pm <input type="checkbox"/> 3:30pm-5:30pm	<input type="checkbox"/> \$550	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1,200
Half Day Reservation <input type="checkbox"/> 7am-1:00pm <input type="checkbox"/> 1:30pm-7:30pm	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,900
Full Day Reservation	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$3,300
Full Conference Reservation <i>Room Set:</i> <input type="checkbox"/> Conference <input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Rounds	<input type="checkbox"/> \$8,500	<input type="checkbox"/> \$9,000	<input type="checkbox"/> \$11,000	<input type="checkbox"/> \$11,500
Requested Day: <i>If not full conference</i>	<input type="checkbox"/> SAT 05/20 <input type="checkbox"/> SUN 05/21 <input type="checkbox"/> MON 05/22 <input type="checkbox"/> TUES 05/23			

CONTACT INFORMATION

Company Name:	Contact Name:
Address (No P.O. Boxes):	Contact Title:
Country, City, State, Zip/Postal Code	Telephone:
E-Mail:	Fax:
Are you using an outside agency or MECC to coordinate your meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their contact information below.	Are you an ATS 2017 Exhibitor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/MECC Name:	Agency/MECC Contact Name:
Address:	Agency/MECC Contact Title:
Agency Contact E-mail:	Agency/MECC Contact Telephone:

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all the policies, rules terms and conditions and regulations, contains online and additions/changes that we accept as part of this agreement.

Authorized Signature: _____

PAYMENT INFORMATION

FULL PAYMENT MUST ACCOMPANY FORM

Cancellation Policy: A refund minus a 20% cancellation fee is available until March 10th, 2017. No refunds available after March 10th.

Payment Type: <input type="checkbox"/> Check # _____ Please make check payable to American Thoracic Society . Must be drawn from a U.S. Bank in U.S. Dollars. No Vouchers or purchase orders will be accepted. <input type="checkbox"/> Wire Transfer <i>An additional fee of \$25 USD must be included in all wire transfers.</i> Please contact Stacy McManus at smcmanus@thoracic.org for wire transfer information. <input type="checkbox"/> Credit Card Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover CSV# (3 or 4 digit code) _____	
Enter Amount: \$	Enter Account Number:
Enter Expiration Date (MM/YY):	All completed forms including full payment should be sent to: Stacy McManus, CEM Director, Corporate Alliances & Exhibition Operations American Thoracic Society 25 Broadway, 18 th Floor New York, NY 10004 212-315-8699 Or email to: smcmanus@thoracic.org
Print name as it appears on card:	
Authorized Signature:	