

ATS 2019 Exhibit Space Reservation and Agreement

To reserve exhibit space, or complete this application and mail to: Stacy McManus, CEM, Director, ATS Corporate Alliances & Exhibition Operations: American Thoracic Society; 25 Broadway-18th Floor; New York, NY 10004-1012. You can also e-mail it to smcmanus@thoracic.org. **This application becomes valid with ATS signature/confirmation/written confirmation of space and payment.**

All first-time exhibitor applications are subject to approval by the ATS. Company and product/service information and payment must accompany the completed application. Contact Stacy McManus at the address above or smcmanus@thoracic.org.

COMPANY NAME: _____

STREET ADDRESS (No P.O. Boxes): _____

CITY/PROVINCE: _____ STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

COMPANY PHONE: _____

WEB ADDRESS: _____

EXHIBIT CONTACT: _____

CONTACT TITLE: _____

DIRECT TELEPHONE: _____ MOBILE TELEPHONE: _____

EXHIBIT CONTACT'S E-MAIL (required): _____

Is this your company's first time exhibiting at the ATS International Conference? Yes No

ADDITIONAL REQUESTS

- Advertising Opportunities
- Non-CME Symposia
- Hotel Meeting Space
- Industry Theaters
- Meeting Suite/Expo Suite
- Practical Workshop

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, conditions and regulations contained in the Exhibit Prospectus, Exhibitor Service Manual, posted on the ATS website and all policies, rules and regulations adopted by the ATS hereinafter.

AUTHORIZED NAME: _____ TITLE: _____

DATE: _____ AUTHORIZED SIGNATURE: _____

PREFERRED BOOTH LOCATION: 1: _____ 2: _____ 3: _____ 4: _____ 5: _____

The ATS reserves the right at any time to alter the floor plan and/or reassign any exhibit location if deemed necessary for the good of the show.

We prefer that our exhibit not be located next to the following company(s): _____

We prefer that our exhibit be located near the following companies: _____

BOOTH PRICES

\$4,500 Inline 10'x10' Booth

\$4,700 Corner 10'x10' Booth

\$1,100 Non-Profit* and Clinical Trial 10'x10' Booth

\$2,700 Recruiters 10'x10' Booth

\$47.00 sq. ft. Island Booth, (20'x20' and larger)

Start-Up Kiosk \$2,900

Innovation Kiosk \$4,700

**Non-profit rate is subject to availability. Proof of non-profit status must be submitted to Stacy McManus at smcmanus@thoracic.org for all new organizations. Payments must accompany application.*

BOOTH SPACE

Booth Size: _____

Total Cost of Booth Space \$ _____

(Must be paid in full with application after February 8, 2019, a penalty equal to 20% of the total cost of the booth is assessed for payments received after this date.)

Deposit (50%) \$ _____

(Refundable minus cancellation fee of 20% of total booth cost until February 8, 2019)

Balance of Total Booth Cost \$ _____

Due 2/8/19 _____ Initial*

Initial is required when paying by credit card to authorize automatic payment on the due date.

GRAND TOTAL:

METHOD OF PAYMENT Applications are not processed without payment and signature.

- **Company Check.** Make check payable to: the **American Thoracic Society** (in U.S. Dollars, drawn on a U.S. bank, or additional fees will be incurred).
- **Wire Transfer.** An **additional fee of \$25.00 USD is required for all wire transfers.** Please contact Stacy McManus at smcmanus@thoracic.org for wire transfer instructions and an updated invoice showing the wire transfer fee.
- **Credit Card.** Check One: Visa MasterCard American Express Discover

CARD NUMBER: _____

CSV# (3- or 4-digit security code) _____ EXP. DATE: _____ AMOUNT: \$ _____

PRINT CARDHOLDER NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

MAIL ADDRESS

Please address all communications regarding exhibits to:

Stacy McManus, CEM
Director, ATS Corporate Alliances & Exhibition Operations
25 Broadway, 18th Floor
New York, NY 10004-1012
Office: (212)315-8699
Cell: (267)872-1471
E-mail: smcmanus@thoracic.org