

ATS 2019

Convention Center Meeting Space Application

Please complete all the below information to request a Meeting Suite, Expo Suite, or Meet Up Room conveniently located at the Kay Bailey Hutchison 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. If you require a larger room or would like a custom quote, please contact Stacy McManus at smcmanus@thoracic.org.

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"/> \$4,500	<input type="checkbox"/> \$5,500	<input type="checkbox"/> \$6,500	<input type="checkbox"/> \$7,500

MEETING SUITE REQUEST

RATES	10' x 20'		20' x 20'	
	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"/> \$1,050	<input type="checkbox"/> \$1,550	<input type="checkbox"/> \$1,475	<input type="checkbox"/> \$1,975
Half Day <input type="checkbox"/> 8am-1:00pm <input type="checkbox"/> 1:30pm-6:30pm	<input type="checkbox"/> \$2,100	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$2,950	<input type="checkbox"/> \$3,450
Full Day Reservation	<input type="checkbox"/> \$4,200	<input type="checkbox"/> \$4,700	<input type="checkbox"/> \$5,900	<input type="checkbox"/> \$6,400
3 or more days <i>Room Set:</i> <input type="checkbox"/> Conference <input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Rounds	<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$13,000	<input type="checkbox"/> \$17,600	<input type="checkbox"/> \$18,100
Requested Day(s):	<input type="checkbox"/> SAT 05/18 <input type="checkbox"/> SUN 05/19 <input type="checkbox"/> MON 05/20 <input type="checkbox"/> TUES 05/21			

MEET UP ROOM REQUEST

RATES	10' x 20'		20' x 20'	
	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"/> \$675	<input type="checkbox"/> \$1,175	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,475
Half Day Reservation <input type="checkbox"/> 8am-1:00pm <input type="checkbox"/> 1:30pm-6:30pm	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,850	<input type="checkbox"/> \$1,950	<input type="checkbox"/> \$2,450
Full Day Reservation	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$3,900	<input type="checkbox"/> \$4,400
3 or more days <i>Room Set:</i> <input type="checkbox"/> Conference <input type="checkbox"/> Classroom <input type="checkbox"/> Theater <input type="checkbox"/> Rounds	<input type="checkbox"/> \$7,900	<input type="checkbox"/> \$8,300	<input type="checkbox"/> \$11,500	<input type="checkbox"/> \$12,000
Requested Day(s):	<input type="checkbox"/> SAT 05/18 <input type="checkbox"/> SUN 05/19 <input type="checkbox"/> MON 05/20 <input type="checkbox"/> TUES 05/21			

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 2019 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 8th, 2019. No refunds available after March 8th.

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:	

Contracting company agrees to abide by the following terms and conditions for the proposed meeting space.

1. Presentations held in the meeting space must not include educational or scientific content unless the attendees have a contractual or otherwise close relationship with the outside organization (close relationship is defined as an employee, consultant, or grantee).
2. Press conferences and media events are not allowed in the meeting space during the ATS conference dates.
3. The use of any space within the convention center should support conference activities and cannot be used in combination with developing CME/CE Material or any form of Professional Credit. To learn more about supporting CME, contact Michelle Turenne, Chief, Corporate Alliances and Business Development at mturenne@thoracic.org or 212-315-6448.
4. The use of sound systems is permitted provided it does not interfere with other meetings or activities. Speakers and other sound devices should be positioned to direct sound into the meeting space. Sound and noise should not exceed 85 decibels when measured from outside the meeting space. Meeting space may be revoked if deemed by the ATS, in its sole discretion, to have an excessive noise level.

5. Force Majeure clause: In case any part of the convention center is destroyed or damaged so as to prevent the ATS from permitting a company to occupy assigned space during the previously mentioned availability period (in part or in whole), or in case occupation of assigned space during the availability period (in part or in whole) is prevented by strikes, Acts of God, national emergency, or other causes beyond the control of the ATS, then the company will be charged for meeting space only for the period the space was or could have been occupied by the company, and the company hereby waives any claim against the ATS, its officers, directors, agents, volunteers, vendors and employees for losses or damage which may arise in consequence of such inability to occupy assigned space.
6. For the term of the agreement, contracting company shall maintain comprehensive general liability insurance against claims for bodily injury or death and property loss or damage occurring in or upon or resulting from the premises leased by the ATS. Such insurance shall include contractual liability and product liability coverage, of \$1,000,000 per occurrence with a \$2,000,000 aggregate. The ATS and the Kay Bailey Hutchison Convention Center shall be added as additional insureds to such insurance. Contracting company shall confirm to the ATS such insurance cannot be cancelled or changed prior to the International Conference. Contracting company agrees to provide the ATS a suitable certificate verifying that the required insurance is and will remain in force for the duration of the availability period.

The ATS will bear no liability for personal injuries, whether suffered by a contracting company its employees, its contractors, agents or business invitees. The ATS will also assume no liability for loss or damage to the property of a contracting company, its employees, its contractors, agents or business invitees, regardless of the cause, unless such injury or damage results from, or is caused directly or exclusively by, the negligence or wrongful acts of the ATS.
7. The contracting company is fully responsible for any claims, liabilities, losses, damages, or expenses, including attorney's fees, relating to or arising out of any loss of, injury to, or damage to any person or property of the contracting company or any other property where such injury, loss or damage is incident to, arises out of or is in any way connected with the contracting company meeting space. The contracting company shall protect, indemnify, hold harmless, and defend the ATS, its officers, directors, agents, volunteers vendors, and employees from and against any and all such claims, liabilities, losses, damages, and expenses, including attorneys' fees, provided that the foregoing shall not apply to injury, loss, or damage caused by or resulting from the negligence or willful misconduct of the ATS, its officers, directors, agents, volunteers, vendors or employees.
8. The ATS provides security guards on a 24-hour basis during the availability period. Furnishing this service shall not be construed to be any assumption of liability with respect to the protection of exhibitor property, which shall, always, be the sole responsibility of each contracting company. The ATS, the convention center, or any of its officers, agents, or employees shall not be liable for any act or omission of such security guards. Information on requesting security guard services for your meeting space is provided upon request.