

CALIFORNIA THORACIC SOCIETY
SOUTHERN CALIFORNIA
ANNUAL EDUCATIONAL CONFERENCE
FRIDAY, OCTOBER 4 – SATURDAY, OCTOBER 5, 2019

HOTEL IRVINE, IRVINE CA
EXHIBITOR REGISTRATION FORM

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

On-Site Company Representatives (list name, title & email address):

Exhibitor #1: _____

Exhibitor #2: _____

PAYMENT INFORMATION:

\$2,250 – Exhibitors from CTS 2019 Annual Meeting

\$2,500 – Regular Exhibitor Registration (Friday, October 4th AND Saturday, October 5th)

I'm sending more than two representatives and will pay an additional \$550 per rep. List on a 2nd registration form.

Yes! I will need electrical.

No, I will not need electrical.

TOTAL ENCLOSED: \$ _____

Check payable to *California Thoracic Society* (Tax ID #80-0627724)

VISA/MC/AMEX Card#: _____ Exp: _____ CCV: _____

Print name as it appears on card: _____

Signature: _____

There will be a 50% cancellation fee for cancellations received before August 21st and no refunds thereafter.

RETURN EXHIBIT REGISTRATION FORM VIA EMAIL TO: info@calthoracic.org

MAIL CHECKS TO THE FOLLOWING ADDRESS:

California Thoracic Society (CTS) 18 Bartol Street #1054, San Francisco, CA 94133

Phone: 415-536-0287 / Fax: 703-752-4360 / Email: info@calthoracic.org