



**CALIFORNIA THORACIC SOCIETY
ANNUAL MEETING AND EDUCATIONAL CONFERENCE
PORTOLA HOTEL & SPA, MONTEREY CA
March 7-10, 2024**

EXHIBITOR REGISTRATION FORM

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Office Phone: _____ Fax: _____

Email: _____

Website: _____

On-Site Company Representatives (*list name, title, email address and cell phone number*):

Exhibitor #1: _____

Exhibitor #2: _____

PAYMENT INFORMATION:

- \$3,750– Exhibitors from CTS 2023 Annual Meeting
 \$4,000– NEW Exhibitor Registration
 I'm sending more than two representatives and will pay an additional \$550 per rep. List on a 2nd registration form.
 \$1,250 – Additional fee for PRIME locations - offered on a first come basis

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 two weeks after initial payment received and 45 days before event, 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: 415-689-9027 / Email: info@calthoracic.org**