



**CALIFORNIA THORACIC SOCIETY
ANNUAL MEETING AND EDUCATIONAL CONFERENCE
PORTOLA HOTEL & SPA, MONTEREY CA
March 20-23, 2025**

EXHIBITOR REGISTRATION FORM

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Office Phone: _____

Email: _____

Website: _____

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

Exhibitor #1: _____

Exhibitor #2: _____

PAYMENT INFORMATION:

\$6,000– Exhibitors – **THURSDAY ONLY – PULMONARY HYPERTENSION SYMPOSIUM & SPECIALIZED EXHIBIT****

FRIDAY/SATURDAY MAIN PROGRAM EXHIBITS**

\$4,000– Exhibitors from CTS 2024 Annual Meeting

\$4,500– NEW Exhibitor Registration

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

\$1,500 – Additional fee for PRIME locations - offered on a first come basis

****NOTE: Additional \$500 Discount if exhibiting on Thursday AND Friday/Saturday**

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