CALIFORNIA THORACIC SOCIETY
ANNUAL MEETING AND EDUCATIONAL CONFERENCE
PORTOLA HOTEL & SPA, MONTEREY CA
March 12-15, 2026

EXHIBITOR REGISTRATION FORM

Company:_____

Contact/Title:_____

Address:_____

_____

City: _____ State:_____ Zip:_____

CellPhone: _____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 – COPD SYMPOSIUM & SPECIALIZED EXHIBIT****

FRIDAY/SATURDAY MAIN PROGRAM EXHIBITS**

❑ $4,000– Exhibitors from CTS 2025 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 electricity. ❑ No, I will not need electricity.

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: _____

A 50% cancellation fee will be applied to cancellations received two weeks after the initial payment is made and within 45 days of the event. No refunds will be issued thereafter.

RETURN EXHIBIT REGISTRATION FORM VIA EMAIL TO: offic@calthoracic.org
MAIL CHECKS TO THE FOLLOWING ADDRESS:
California Thoracic Society (CTS) 447 Sutter Street, Suite 506 - #1054, San Francisco,CA 94108
Phone: 415-536-0287 | Fax: 415-689-9027